Type of Submission:
Renewal Petition

Criteria: Scope of Recognition
Description of Criteria

This is the current scope of recognition for your agency which was granted by the Secretary of Education:

The accreditation and preaccreditation ('Candidacy status') of institutions of higher education in Delaware, the District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Puerto Rico, and the U.S. Virgin Islands, including distance and correspondence education programs offered at those institutions.

Narrative:
On July 13, 2020, the Middle States Commission on Higher Education provided notice of its decision to expand its geographic scope of accreditation activities (see Exhibit G-Notification Letter_Bounds_2020Ju13). The MSCHE's current scope of recognition as approved by USDE is stated as follows:

Scope of recognition: the accreditation and preaccreditation ('Candidacy status') of institutions of higher education in Delaware, the District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Puerto Rico, and the U.S. Virgin Islands, and any other geographic areas in which the Commission elects to conduct accrediting activities within the United States including distance and correspondence education programs offered at those institutions. (From: https://www2.ed.gov/admins/finaid/accred/accreditation_pg6.html#Regionallnstitutional)

Document(s) for this Section

No files uploaded
The agency notified Department staff on July 13, 2020 of its decision to expand its geographic scope of accreditation activities. (Ex. G Notification Letter Bounds). The agency's requested scope is 'the accreditation and preaccreditation ('Candidacy status') of institutions of higher education in Delaware, the District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Puerto Rico, and the U.S. Virgin Islands, and any other geographic areas in which the Commission elects to conduct accrediting activities within the United States including distance and correspondence education programs offered at those institutions. '

However, the agency cannot conflate 34 C.F.R. Part 602.11 (b) and (c). The geographic area of accrediting activities must clearly indicate whether the agency accredits within a region, as required by 602.11 (b) or throughout the United States as required by 602.11 (c). If the agency is seeking recognition under 602.11 (b) it must list all of the states for which it accredits (as it has done in section 602.11). The agency may accredit in additional states and must notify the Department when it does so. No approval by the Department is necessary.

In addition, in accordance the new regulations that became effective on July 1, 2020, the geographic area of accrediting activities is no longer part of an accrediting agency's scope of recognition. Therefore, the agency must list its scope of recognition in accordance with the new regulatory changes as defined in 34 C.F.R. 602.3 and 602.11 for geographic area of accrediting activities. Department staff can assist the agency with listing its scope of recognition in accordance with the new regulatory requirements.

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Criteria: 602.10(a-b)

The agency must demonstrate that—
(a) If the agency accredits institutions of higher education, its accreditation is a required element in enabling at least one of those institutions to establish eligibility to participate in HEA programs. If, pursuant to 34 CFR 600.11(b), an agency accredits one or more institutions that participate in HEA programs and that could designate the agency as its link to HEA programs, the agency satisfies this requirement, even if the institution currently designates another institutional accrediting agency as its Federal link; or
(b) If the agency accredits institutions of higher education or higher education programs, or both, its accreditation is a required element in enabling at least one of those entities to establish eligibility to participate in non-HEA Federal programs.

Narrative:
The Middle States Commission on Higher Education has been recognized by the United States Secretary of Education since 1952. Since the link was established between recognized accrediting agencies and title IV HEA programs, the Commission has served as the gatekeeper for nearly all of its members that participate in the Federal programs. Currently, the Commission accredits 524 institutions and serves as the title IV gatekeeper for all but a few that are either ineligible to participate or choose not to participate in the title IV programs. Evidence showing MSCHE as the accreditor of record for the USDE and title IV purposes as of March 2021 is provided in the Database of Accredited Postsecondary Institutions and Programs (DAPIP) Exhibit G - DAPIP-MSCHE Accredited Institutions List.

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Analyst Worksheet- Narrative
Analyst Review Status:

Does not meet the requirements of this section
Staff Determination:

The agency must provide documentation demonstrating that at least one of its accredited institutions participate in federal student aid.

Analyst Remarks to Narrative:

The agency attests that it is a Title IV gatekeeper and that all but a very few of the 524 institutions it accredits are eligible to participate in Title IV programs. The agency provided the first page of the website screenshot of the Database of Accredited Postsecondary Institutions and Programs; however, the agency did not provide documentation demonstrating that at least one of its accredited institutions participate in federal student aid (Ex. G DAPIP MSCHE Accredited Institutions List).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The agency is providing additional evidence that further demonstrates at least one of its accredited institutions participate in federal student aid. The agency notes that initially it provided a list of MSCHE institutions as listed at the federal Database of Accredited Postsecondary Institutions and Programs (DAPIP) reflective of institutions participating in title IV (Ex. G DAPIP MSCHE Accredited Institutions List). The agency is now providing evidence of three Program Participation Agreements (PPA): (01-602.10a-b_SyracuseUniversity-PPA, 02-602.10a-b_Schenectady-CCC_PPA, 04-602.10a-b_IAUPR-Metropolitan-PPA), one PPA Provisional Approval (03-602.10a-b_National-Univ-College_PPA-Provisional), and one Post-Acquisition Determination Letter (05-602.10a-b-Bryant-Stratton_Post-Acquisition-Determination-Letter-Aug-12-2022).

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

MSCHE submitted narrative and documentation of three Program Participation Agreements to demonstrate its accredited institution that participate in federal student aid in accordance with this criterion (Ex 01-602.10a-b, Ex. 02-602.10a-b, Ex. 04-602.10a-b).
Criteria: 602.11(a-c)
Description of Criteria

The agency must demonstrate that it conducts accrediting activities within—

(a) A State, if the agency is part of a State government;
(b) A region or group of States chosen by the agency in which an agency provides accreditation to a main campus, a branch campus, or an additional location of an institution. An agency whose geographic area includes a State in which a branch campus or additional location is located is not required to also accredit a main campus in that State. An agency whose geographic area includes a State in which only a branch campus or additional location is located is not required to accept an application for accreditation from other institutions in such State; or
(c) The United States.

Narrative:
The Mid-Atlantic Region Commission on Higher Education (MARCHE) Amended and Restated Bylaws Effective as of July 1, 2020, define the geographic scope of accreditation activities (Exhibit O – MARCHE Bylaws, Section 2.02). In accordance with section 2.02(a) of its Bylaws, the purpose of the Mid-Atlantic Region Commission on Higher Education (MARCHE) doing business as the Middle States Commission on Higher Education (MSCHE or Commission) is to provide educational, quality assurance, and other services to members as a voluntary, non-governmental, membership association currently serving higher education institutions in Delaware, the District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Puerto Rico, the Virgin Islands, and any other geographic areas in which the Commission elects to conduct accrediting activities.

With the United States Department of Education (USDE) federal regulations, effective July 1, 2020, eliminating any distinction between regional and national accreditors, MSCHE evaluated the scope of its member institutions and determined that member institutions currently operate sites, including main campuses, branch campuses, additional locations, and other instructional sites, in 48 of the 50 states, the District of Columbia, two U.S. territories, and 94 countries. With member institutions operating throughout the country, the Commission voted unanimously to expand the acceptance of domestic applications beyond the current geographic boundaries beginning in fall 2020. A list of all states in which the Commission currently conducts accrediting activities is provided in Exhibit G-States, and a list of all accredited and candidate institutions, including branch campuses, additional locations, and other instructional sites, is provided in Exhibit-Required-List of Institutions and Locations.

The Commission makes clear to the public the scope of its accreditation activities on the MSCHE website.
under About Us and by selecting MSCHE’s Global Footprint from the side menu (Exhibit W—MSCHE_Global Footprint).

The Commission publishes an online directory of its accredited and candidate member institutions in the Institutions section of the website which includes accreditation information as well as the alternative delivery methods, credential levels, and locations that are included within the institution's accreditation (Exhibit W—InstitutionDirectoryWebpage_Locations). The directory provides a printable Statement of Accreditation Status (SAS) for each institution that includes a list of all locations included within the scope of the institution’s accreditation including branch campuses, additional locations, and other instructional sites. A sample SAS is provided in Exhibit W—Thomas Jefferson University_SAS and demonstrates that locations are clearly labeled as a Branch Campus, Additional Location, or Other Instructional Site and provide the name, address, and state of each location (See also Exhibit W—InstitutionDirectoryWebpage_Locations, p 2).

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency cannot conflate 34 C.F.R. Part 602.11 (b) and (c). The geographic area of accrediting activities must clearly indicate whether the agency accredits within a region, as required by 602.11 (b) or throughout the United States as required by 602.11 (c).
Analyst Remarks to Narrative:

The agency attests and provides documentation that it conducts accrediting activities in the United States, specifically in 48 of the 50 states, the District of Columbia, two U.S. territories, and 94 countries (Ex. Required List of Institutions and Locations, Ex. W MSCHE Global Footprint).

As noted in the scope of recognition section, Department staff can assist the agency with listing its scope of recognition in accordance with the new regulatory requirements because the agency cannot conflate 34 C.F.R. Part 602.11 (b) and (c). The geographic area of accrediting activities must clearly indicate whether the agency accredits within a region, as required by 602.11 (b) or throughout the United States as required by 602.11 (c).

If the agency is seeking recognition under 602.11 (b) it must list all of the states for which it accredits (as it has done in this section). The agency may accredit in additional states and must notify the Department when it does so. No approval by the Department is necessary when expanding its geographic area of accrediting activities. If seeking recognition under 602.11(c) its geographic area of accrediting activities will indication accreditation throughout the United States.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

The agency did not intend to conflate its scope of accreditation with the geographic area, although admits to confusion regarding notification following the change in regulation. The agency’s current (and correct) scope of recognition reflected at the Department’s website is:

Scope of recognition: the accreditation and preaccreditation ('Candidacy status') of institutions of higher education including distance and correspondence education programs offered at those institutions.

The agency is not seeking a change in scope.

The agency intended to convey the elimination of its traditional regional boundaries through a change in 602.11 (a-c) Geographic Area of Accrediting Activities as it now accredits institutions throughout the United States.

Agency staff worked with Department staff to make this clarification and correction as a result of the feedback in the staff analyst draft report. This response is to verify that the geographic area of accrediting activities is throughout the United States, and this now appears correctly, along with the agency’s scope, both at the USDE website (01-602.11a-c_MSCHE-Geographic-Area-USDE-Website) as well as within the agency’s publications and Amended and Restated Bylaws (02-602.11a-c_MARCH-Bylaws-Nov-1-2022).
Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

As noted in the narrative the agency has provided documentation with the list of its accredited institutions to demonstrate that it serves as an accreditor throughout the United States and meets the requirements of this section (Ex. Exhibit-Required.Lis). The agency's geographic area of accrediting activities for recognition will be noted as accrediting through the United States in accordance with 602.11(c).

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.12(a)
Description of Criteria

(a) An agency seeking initial recognition must demonstrate that it has—
   (1) Granted accreditation or preaccreditation prior to submitting an application for recognition—
       (i) To one or more institutions if it is requesting recognition as an institutional accrediting agency and to one or more programs if it is requesting recognition as a programmatic accrediting agency;
       (ii) That covers the range of the specific degrees, certificates, institutions, and programs for which it seeks recognition; and
       (iii) In the geographic area for which it seeks recognition; and
   (2) Conducted accrediting activities, including deciding whether to grant or deny accreditation or preaccreditation, for at least two years prior to seeking recognition, unless the agency seeking initial recognition is affiliated with, or is a division of, an already recognized agency.

(Note: Only agencies seeking initial recognition need to respond. Refer to 602.32(b) for additional documentation to be submitted here.)

Narrative:
The agency is seeking renewal of its recognition with the United States Department of Education. The agency’s current recognition expires in May of 2023. As such, this criterion does not apply to the agency.
Criteria: 602.12(b)
Description of Criteria

(b)

(1) A recognized agency seeking an expansion of its scope of recognition must follow the requirements of §§602.31 and 602.32 and demonstrate that it has accreditation or preaccreditation policies in place that meet all the criteria for recognition covering the range of the specific degrees, certificates, institutions, and programs for which it seeks the expansion of scope and has engaged and can show support from relevant constituencies for the expansion. A change to an agency's geographic area of accrediting activities does not constitute an expansion of the agency's scope of recognition, but the agency must notify the Department of, and publicly disclose on the agency's website, any such change.

(2) An agency that cannot demonstrate experience in making accreditation or preaccreditation decisions under the expanded scope at the time of its application or review for an expansion of scope may—

(i) If it is an institutional accrediting agency, be limited in the number of institutions to which it may grant accreditation under the expanded scope for a designated period of time; or

(ii) If it is a programmatic accrediting agency, be limited in the number of programs to which it may grant accreditation under that expanded scope for a certain period of time; and

(iii) Be required to submit a monitoring report regarding accreditation decisions made under the expanded scope.

(NOTE: Only recognized agencies seeking an expansion of scope need to respond. Refer to 602.32(j) for additional documentation to be submitted here.)

Narrative:
As described in response to 602.11, following review of the geographic locations in which the Commission’s current membership operates, the Commission unanimously approved the acceptance of domestic applications beyond the current geographic boundaries beginning in fall 2020. In accordance with 602.12 and demonstrated in Exhibit G-Notification Letter_Bounds_2020Jul13, the Commission notified the USDE on July 13, 2020 the Commission acted at its June 25, 2020 meeting to expand the acceptance of domestic applications beyond its current geographic boundaries. The Commission also acted to lift the moratorium on international applications beginning January 1, 2021. The Commission’s Amended and Restated Bylaws were revised to reflect the change and became effective July 1, 2020. The Commission’s purposes, including its geographic scope, are stated in Article II, Section 2.02(a) (Exhibit O – MARCHE Bylaws).
Does not meet the requirements of this section

Staff Determination:

In accordance the new regulations that became effective on July 1, 2020, the geographic area of accrediting activities is no longer part of an accrediting agency’s scope of recognition. Therefore, changes to an accrediting agency’s scope of recognition does not constitute an expansion of scope.

Analyst Remarks to Narrative:

As noted in the Requested Scope of Recognition section and section 602.11, in accordance with the new regulations that became effective on July 1, 2020, the geographic area of accrediting activities is no longer part of an accrediting agency’s scope of recognition. Please see the definition of scope of recognition in 34 C.F.R. Part 602.3 and 602.11 geographic area of accrediting activities.

The agency would not be expanding its scope of recognition it would be expanding its geographic area of accrediting activities. Also noted in section 602.11, the geographic area of accrediting activities must clearly indicate whether the agency accredits within a region, as required by 602.11 (b) or throughout the United States as required by 602.11 (c).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The agency did not intend to conflate its scope of accreditation with the geographic area, although admits to confusion regarding notification following the change in regulation. The agency’s current (and correct) scope of recognition reflected at the Department’s website is:
Scope of recognition: the accreditation and preaccreditation ('Candidacy status') of institutions of higher education including distance and correspondence education programs offered at those institutions.

The agency is not seeking a change in scope.

The agency intended to convey the elimination of its traditional regional boundaries through a change in 602.11 (a-c) Geographic Area of Accrediting Activities as it now accredits institutions throughout the United States.

Agency staff worked with Department staff to make this clarification and correction as a result of the feedback in the staff analyst draft report. This response is to verify that the geographic area of accrediting activities is throughout the United States, and this now appears correctly, along with the agency’s scope, the USDE website (01-602.12b_MSCHE-Geographic-Area-USDE Website) as well as within the agency’s publications and Amended and Restated Bylaws (02-602.12b_MARCHE-Bylaws-Nov-1-2022).

Analyst Worksheet - Response
Analyst Review Status:

Not Necessary

Analyst Remarks to Response

The agency is not seeking a change in its scope; therefore, this criterion is not necessary.

List of Document(s) Uploaded by Analyst - Response

No file uploaded
Criteria: 602.14(a)
Description of Criteria

(a) The Secretary recognizes only the following four categories of accrediting agencies:

(1) A State agency that—
   (i) Has as a principal purpose the accrediting of institutions of higher education, higher education programs, or both; and
   (ii) Has been listed by the Secretary as a nationally recognized accrediting agency on or before October 1, 1991.

(2) An accrediting agency that—
   (i) Has a voluntary membership of institutions of higher education;
   (ii) Has as a principal purpose the accrediting of institutions of higher education and that accreditation is used to provide a link to Federal HEA programs in accordance with §602.10; and
   (iii) Satisfies the “separate and independent” requirements in paragraph (b) of this section.

(3) An accrediting agency that—
   (i) Has a voluntary membership; and
   (ii) Has as its principal purpose the accrediting of institutions of higher education or programs, and the accreditation it offers is used to provide a link to non-HEA Federal programs in accordance with §602.10.

(4) An accrediting agency that, for purposes of determining eligibility for title IV, HEA programs—
   (i) (A) Has a voluntary membership of individuals participating in a profession; or
       (B) Has as its principal purpose the accrediting of programs within institutions that are accredited by another nationally recognized accrediting agency; and
   (ii) Satisfies the “separate and independent” requirements in paragraph (b) of this section or obtains a waiver of those requirements under paragraph (d) of this section.

Narrative:

As an agency that accredits institutions that participate in the federal title IV HEA programs, the Commission seeks recognition under 602.14(a)(2). The Mid-Atlantic Region Commission on Higher Education (MARCHE) is licensed as a 501(c)(3) non-profit organization in the Commonwealth of Pennsylvania and has no relationship to any other organization. It does business as the Middle States Commission on Higher Education (MSCHE) (Exhibit O - MARCHE Bylaws).

As defined by the MARCHE Amended and Restated Bylaws Effective as of July 1, 2020, the Commission is a voluntary membership organization. The voluntary nature of the organization is stated in the Bylaws in Article II, Section 2.02(a) and 2.02(b). Article II, Section 2.02 paragraphs (a) through (g), define the Commission’s purposes and include: to contribute to the regulatory triad by working with the USDE and state agencies that serve MSCHE applicant, accredited, or candidate institutions; to support the
accreditation activities of MSCHE applicant, accredited, or candidate institutions by working with other appropriate government authorities, including international agencies; to act and make decisions concerning the applicant, accreditation or candidate for accreditation status, or the scope of accreditation of member institutions, and take other administrative actions, in accordance with policy; and to assure students and the public of the educational quality of higher education and to ensure institutional accountability, self-appraisal, improvement, and innovation through peer review and the rigorous application of standards within the context of institutional mission.

The Commission’s standards for accreditation and requirements of affiliation, policies and procedures, and applicable federal regulatory requirements are published on the Commission’s website (see Exhibit W – Standards Webpage; Exhibit PP – Standards; Exhibit W – Policies Webpages; Exhibit W – Resources_Institutions Webpage; and Exhibit W – Resources_Peer Evaluators Webpage).

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Analyst Worksheet - Narrative
Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:
The agency must provide documentation that at least one of the institutions it accredits is participating in Title IV programs

Analyst Remarks to Narrative:

The agency attests and meets the requirements under 602.14(a)(2): the third category 1) has a voluntary membership of institutions of higher education; 2) has as a principal purpose the accrediting of institutions of higher education and that accreditation is used to provide a link to Federal HEA programs in accordance with § 602.10; and 3) Satisfies the “separate and independent” requirements in paragraph (b) of this section.

As stated in the agency’s Bylaws, its purpose is to serve as an accrediting agency recognized by the United States Department of Education to conduct voluntary, non-governmental peer review and to contribute to the regulatory triad by working with the United States Department of Education and state agencies that serve agency applicant, accredited, or candidate institutions. (Ex. O MARCHE Bylaws) The agency is a Title IV gatekeeper and all but a very few of the 524 institutions it accredits are eligible to participate in Title IV programs. The agency further attests that it is licensed in the Commonwealth of Pennsylvania as a 501(c)(3) non-profit organization and has no relationship to any other organization, thus its separate and independent status (Ex. O MARCHE Bylaws); however, the agency must provide documentation to demonstrate that it meets the requirements of this section.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The agency is now providing additional documentation to demonstrate that at least one of its accredited institutions is participating in Title IV programs, and that evidence includes screenshots from the Database of Accredited Institutions and Programs (DAPIP): 01-602.14a_Cheyney_DAPIP; 02-602.14a_TJU_DAPIP.

The agency further provides its Amendment and Restated Bylaws, effective as of November 1, 2022, as it has incorporated within Section 2.02 and 4.04 (03-MARCHE Bylaws-Nov-1-2022, Pages 3 and 5) a statement reflecting the agency’s role as a Title IV gatekeeper and that institutions are responsible for maintaining, and demonstrating to the agency, compliance with all institutional program responsibilities under Title IV.
The agency has also taken the opportunity to embed references to Title IV responsibilities for institutions within its revisions to *Standards for Accreditation and Requirements of Affiliation*. In 602.21(a-b), the agency’s standards review process is described, with revisions to the *Standards for Accreditation and Requirements of Affiliation* that now include the statement that the agency is a Title IV gatekeeper (04-602.14a_Standards-Revision-2022-Draft).

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

MSCHE has provided documentation of at least one of the institutions it accredits is participating in title IV programs. The agency provided the Database of Accredited Institutions and Programs (DAPIP) screenshot which resolves previous Department staff concerns (Ex. 01-602.14a, Ex. 02-602.14a). The agency has demonstrated that its recognition is in accordance with 602.14(a)(2)(i) has a voluntary membership of institutions of higher education; ii) has as a principal purpose the accrediting of institutions of higher education and that accreditation is used to provide a link to Federal HEA programs in accordance with § 602.10; and iii) Satisfies the “separate and independent” requirements in paragraph (b) of this section.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.14(b)

Description of Criteria

(b) For purposes of this section, “separate and independent” means that—

(1) The members of the agency's decision-making body, who decide the accreditation or preaccreditation status of institutions or programs, establish the agency's accreditation policies, or both, are not elected or selected by the board or chief executive officer of any related, associated, or affiliated trade association, professional organization, or membership organization and are not staff of the related, associated, or affiliated trade association, professional organization, or membership organization;
At least one member of the agency's decision-making body is a representative of the public, and at least one-seventh of the body consists of representatives of the public;

The agency has established and implemented guidelines for each member of the decision-making body including guidelines on avoiding conflicts of interest in making decisions;

The agency's dues are paid separately from any dues paid to any related, associated, or affiliated trade association or membership organization; and

The agency develops and determines its own budget, with no review by or consultation with any other entity or organization.

Narrative:
The MSCHE has no related, associated, or affiliated trade association, professional organization, or membership organization. The MARCHE Bylaws, Article V, which defines the process for the nomination and election of Commissioners, clearly assigns authority for nominations and elections to the MSCHE. (Exhibit O – MARCHE Bylaws)

The Commission’s composition is defined in the MARCHE Bylaws, Article V, Section 5.02(c) “The Commission shall nominate Commissioners in accordance with applicable federal and state laws and regulations, including requirements of the United States Department of Education for the election of Public Representatives.” The Commission abides by the federal regulatory definition of representative of the public established in 602.3 as demonstrated in the MARCHE Bylaws Article I, Section 1.01(l) “Public representative” is a Commissioner who is not an employee, governing board member, owner, shareholder, or consultant of an institution accredited by the Commission or a candidate for accreditation status by the Commission; who is not a member of any trade association or membership organization related to, affiliated with, or associated with the Commission; and who is not a spouse, parent, child or sibling of any of the above.” (Exhibit O – MARCHE Bylaws, pp 5-6; Exhibit O - Commission 2021)

In accordance with the Bylaws, Article V, Section 5.01, the Commission and its Executive Committee are authorized to serve as the decision-making bodies of the agency. The Commission publishes the roster of Commissioners along with a brief profile of each member including titles and qualifications as well as each member’s term of service on the website under About Us, Commissioners (Exhibit W - Commissioners Webpage). The Executive Committee also is listed. Those Commissioners who serve in the capacity of a Public Representative are clearly labeled “Public Member.” As of January 1, 2021, five of the 27 Commissioners are public representatives (See also Exhibit W - Commissioner Profiles).

In the event of an appeal of an adverse accreditation action, the Commission relies upon an appeal hearing panel to hear and recommend action to the Commission. Although the appeal hearing panel is not authorized as a decision-making body of the Commission, the Commission includes a public representative on any appeal hearing panel established to consider an appeal of an adverse accrediting action. The Commission maintains a list of potential appeals panelists from which an Appeal Hearing Panel is drawn. The list of members of that pool is provided in Exhibit O - Appeals Pool. Both Exhibit O - Commission 2021 and Exhibit O - Appeals Pool provide the individual’s name, title, affiliation, and term of service. The lists also designate those individuals who serve on the Executive Committee and those who are representative of the public.
The Commission has an established Conflict of Interest: Commission Representatives Policy which is fully described in response to 602.15(a)(6) (Exhibit PP – COI-Commission Representatives Policy). Implementation takes a number of forms. Although conflicts of interest have traditionally been collected in hard copy, the Commission has implemented the use of technology for the submission and management of conflicts of interest for all representatives on the Commission’s decision-making bodies which includes Commissioners and Executive Committee members who are also Commissioners. A brief two-minute training video is provided for all Commission representatives and shows how conflicts can be easily verified, updated, or added in the MSCHE secure portal (COI Training Video - https://youtu.be/UQsvU0shZUM). In advance of each Commission meeting, which occur three times per year, Commissioners are reminded to verify existing conflicts, update, or add new conflicts (Exhibit O – 20201016 Commission Meeting Reminder). Commission representatives can access their conflicts of interest record at any time and are encouraged to provide updates between meetings should a change occur.

All conflicts of interest (COI) are also listed in the meeting materials as reference. Commissioners are required to recuse themselves from any discussion and voting on any institution listed on the discussion agenda for which a conflict exists. Because the vote for institutions on the consent agenda is taken en toto, Commissioners are deemed to have recused themselves from the vote on institutions listed as a conflict (Exhibit O - Institutional COI Nov 2019; Exhibit O - 2020Nov14 Minutes, see page 2 item 6, and page 4 item 8b). In addition, the Commission recognizes Service Conflicts among Commissioners in its policy. The policy requires that any Commissioner who served as a member of an on-site visit must formally abstain in the voting process while the Commission is taking formal action regarding the institution. Staff track Service Conflicts for each Commission meeting, and Service Conflicts are identified for the record prior to the discussion of accreditation matters (Exhibit O - Institutional COI Nov 2019, see page 2; Exhibit PP – COI-Commission Representatives, see especially Section IV Service as a Commissioner, pp 3-4).

The Executive Committee, which also is authorized as a decision-making body, may take actions between Commission meetings and on substantive changes. Executive Committee members are reminded to recuse themselves prior to the vote on any action for which they have a conflict. To ensure that individuals do not see accreditation materials for those institutions for which a conflict has been identified, the Commission’s technology allows it to restrict access to accreditation materials for anyone who has identified a conflict of interest.

The Commission also has an established Conflicts of Interest Policy for Corporate Actions that protects the interests of the Mid-Atlantic Region Commission on Higher Education (MARCHE) as a nonprofit charitable corporation under Pennsylvania law when considering a business transaction or arrangement that might benefit the private interest of a Commissioner, a Commission staff or staff officer, committee member or senior management employee of the Corporation. All Commissioners are required to sign this form at the annual meeting of the corporation in March. This policy does not supersede any other conflict of interest policy relating to accreditation related activities. The Commission’s corporate COI policy, Conflict of Interest Policy for Corporate Actions, is provided in Exhibit PP – MARCHE Corporate Conflicts Policy.
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Analyst Worksheet- Narrative Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:

The agency must provide its policy related to the financial separate and independent aspects of its policies, specifically whether agency dues are paid separately from dues paid to a related, associated, or affiliated trade association or membership organization and whether the agency develops and determines its own budget, with no review by or consultation with any other entity or organization.

Analyst Remarks to Narrative:

Under the agency’s Bylaws, Commissioners (the agency’s decision-making body) shall be nominated and elected by the Commission, in accordance with applicable Federal and state laws and regulations and the Commission shall nominate Commissioners in accordance with the requirements of the Department for the election of at least one Public Representative. The Commission shall consist of at least twenty-seven (27) voting members (Ex. O MARCHE Bylaws) in accordance with this criterion.

The agency has also established and implemented guidelines to avoid conflicts of interest in making decisions. The agency Bylaws require that the Corporation must maintain a written Conflicts of Interest Policy specifically for Commissioners including guidelines on avoiding conflicts of interest in making decisions. The Commission requires individuals acting on behalf of the Commission to decline to serve and/or recuse him or herself from any discussion or accreditation decision if written certain conditions exist, including undergoing conflicts training. The Secretary shall report all disclosed conflicts at the beginning of a Commission meeting (Ex. PP COI Commission Representatives Policy). This practice was witnessed during the Department staff observation of the agency Commission meeting held in June 2021.

The agency did not provide its policy related to CFR § 602.14(b)(4) and 602.14(b)(4) as it relates to whether agency dues are paid separately from dues paid to a related, associated, or affiliated trade association or membership organization and whether the agency develops and determines its own budget, with no review by or consultation with any other entity or organization.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

In the April 1, 2021, submission, to demonstrate compliance with 602.14(b), the agency provided narrative and evidence that it is separate and independent as it relates to the members of the agency’s decision-making body (b)(1), to public representatives (b)(2), and to the maintenance of and adherence to conflicts of interest guidelines (b)(3). Evidence provided in the form of agency Bylaws and policies and procedures were intended to further serve as explanation of the extent of the agency’s separation and
independence as it relates to financial and budget considerations as well. The agency is able to provide additional information as it relates to 602.14(b)(4) and (5) as further evidence of its financial separation and independence.

In accordance with 602.14(b)(4), the agency has no dues-sharing or shared dues collection processes with any other association and ensures that its dues are paid separately from any dues to any other related organizations through formal policy and procedural mechanisms. The agency maintains a Dues and Fees Policy, updated [September 1, 2022], which states that “The Commission shall develop and determine its budget and shall collect dues and fees as a separate and independent organization, with no review by or consultation with any other entity or organization, in accordance with federal regulation 34 CFR § 602.14(b)(4) and 34 CFR § 602.14(b)(5).” (01-602.14b_Dues-and-Fees-Policy-Sep-1-2022, Section II, Page 1).

The agency’s Dues and Fees Procedures, updated annually, implement this policy through the calculation of dues and fees and outlines the procedural mechanisms for collecting dues and fees (02-602.14b_Dues-and-Fees-Procedures-2022-23). The agency Dues and Fees Procedures sets forth a process through which the agency alone calculates and collects dues and fees from member institutions for all types of accreditation activities in a manner that is wholly separate from any and all other organizations.

The agency’s Bylaws outline the membership responsibilities for all member institutions (03-602.14b_MARCHE-Bylaws-Nov-1-2022). Article IV, Section 4.04(a) “Membership Responsibilities and Privileges,” outlines each member institution’s annual obligation to pay membership dues to MSCHE. The Bylaws are void of any language that would establish any connection to any other organization or suggest, in any way, that MSCHE dues are not paid separate and independent from all other organizations (03-MARCHE-Bylaws-Nov-1-2022, Section 4.04(a), Page 4).

In accordance with 602.14(b)(5), the agency ensures that it develops and approves its budget independently and without consultation with or influence from any other organization. This is evidenced by formal organizational documents and internal procedural mechanisms. The agency’s Bylaws bestow the authority and responsibility to act on the budget to the agency’s Executive Committee (03-602.14b_MARCHE-Bylaws, Section 6.02(e), Page 9) and the authority and responsibility to the Finance Committee to “advise the Treasurer with respect to financial, budgetary and related matters” (03-602.14b_MARCHE-Bylaws, Section 6.03(b)(i), Page 10). The Bylaws are void of any language that would establish any connection to any other organization or suggest, in any way, that the agency does not develop its own budget without review or consultation from any other organization. The responsibilities relating to budget processes and financial responsibilities are further outlined in the Executive Committee and Finance Committee Charters which support the Bylaws (04-602.14b_MARCHE-Committee-Charters, see Executive Committee Charter, Section V.1., Page 2, and see Finance Committee Charter, section V.2., Page 2). The Finance Committee Charter details its fiduciary responsibilities in a comprehensive list of expected activities relating to the management of MSCHE’s finances, accomplished through procedures that align with the Bylaws. Note that all Committee charters were placed into effect on January 1, 2022, and were not included initially as evidence for that reason.

Agency internal procedures assures the same separation and independence in the organizational budget development and administration process. Agency staff maintain and strictly adhere to an internal workflow that outlines the budgeting process as completely internal to MSCHE (05-602.14b_MSCHE Budget Process Workflow). The budget process, undertaken annually, includes review and
recommendation by the Finance Committee to the Executive Committee, review and approval by the Executive Committee, with final presentation to the Commission annually at its June meeting. To illustrate the formal steps of the budgeting process, MSCHE is providing minutes of its Finance Committee Meeting of May 2022 (06-602.14b-Finance-Committee-Minutes-May-2022), Executive Committee Meeting of May 2022 (07-602.14b-Executive-Committee-Minutes-May-2022), and its Commission Meeting of June 2022 (08-602.14b-Commission-Meeting-Minutes-Jun-2022). In addition, the agency treats its March meeting as the required annual meeting pursuant to its Bylaws, and Article V, Section 5.05, requires a financial report be given then to the Commission by the President and the Treasurer. No other reporting or processing of the agency’s budget occurs outside of the scope of these Bylaws, Charters, and internal procedures.

As previously reported and as also described in 602.14(c), until 2013, the agency was affiliated with the Middle States Association of Colleges and Schools (MSA-CESS). Though this was evaluated by USDE and NACIQI through a previous compliance review, in order to transparently explain the extent of the agency’s independence from all other organizations, the agency wanted to clearly and transparently explain the status of this relationship. The agency legally separated from MSA-CESS through a formal organizational separation process in 2013, and formed an entirely independent nonprofit corporation, the Mid-Atlantic Region Commission on Higher Education (MARCHE) which does business as the Middle States Commission on Higher Education (MSCHE, referred to herein the “agency”) (09-602.14b-MARCHE-Articles-of-Incorporation). As of June 30, 2019, the agency withdrew all of its representatives from the MSA-CESS Board (10-602.14b-MSA-Resolution-on-Withdrawal-MSCHE-Apr-9-2019).

MSA-CESS and the agency continued to share office space, as MSCHE continued to lease space to MSA-CESS, and shared limited services after June 30, 2019, further described in 602.14(c). The shared facility space and limited shared services did not, in any way, establish any connection or relationship to either organization’s accreditation activities, establishment of or collection of dues and fees from member institutions, or budget approval process. Evidence relating to the shared office space and limited services can be found in 602.14(c).

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

As noted in the narrative and documentation, MSCHE policy (as updated September 2022) states that “[t]he Commission shall develop and determine its budget and shall collect dues and fees as a separate and independent organization, with no review by or consultation with any other entity or organization, in accordance with federal regulation 34 CFR § 602.14(b)(4) and 34 CFR § 602.14(b)(5)” (Ex. 01-602.14b). The submission of this policy as requested satisfies previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response
Criteria: 602.14(c)  
Description of Criteria:

(c) The Secretary considers that any joint use of personnel, services, equipment, or facilities by an agency and a related, associated, or affiliated trade association or membership organization does not violate the “separate and independent” requirements in paragraph (b) of this section if —

(1) The agency pays the fair market value for its proportionate share of the joint use; and
(2) The joint use does not compromise the independence and confidentiality of the accreditation process.

Narrative:

Document(s) for this Section:

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Analyst Worksheet- Narrative

Analyst Review Status:

- Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation in response to this criterion.
Analyst Remarks to Narrative:

Department staff are unable to evaluate whether the agency has a process in place given the agency failed to provide an answer to this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

As noted in 602.14(b), until 2013, the agency was related to the Middle States Association of Colleges and Schools (MSA-CESS), another USDE recognized accreditor. Though this separation was previously reported in a prior report as part of the recognition process, in order to transparently explain the extent of MSCHÉ’s independence from all other organizations, MSCHÉ wanted to note its former and current relationship status with MSA-CESS. The agency completely separated through a formal, legal organizational separation process in 2013 and formed an entirely independent nonprofit corporation, the Mid-Atlantic Region Commission on Higher Education (MARCHE) which does business as the Middle States Commission on Higher Education (MSCHÉ, referenced herein as the “agency”) (01-602.14c-MARCHE-Articles-of-Incorporation). As of June 30, 2019, the agency withdrew all of its representatives from the MSA-CESS Board (02-602.14-MSA-Resolution-on-Withdrawal-MSCHE-Apr-9-2019).

The agency and MSA-CESS continued to share facility space, with the agency as the landlord to MSA until February 1, 2022. The agency also provided limited MSA-CESS contracted services through January 1, 2021, as well as shared costs relating to existing vendor agreements and other contracts, such as internet access and maintenance, cleaning services, security pass management, through February 1, 2022, reflective of the convenience of the shared office space and amenities. This was based upon the pro-rated costs of actual expenses based upon the square footage of each agency’s footprint in the office suite (03-602.14c-Lease-Termination-Amendment- Amendment-Shared-Services-Executed-Jan-20-2022; 04-602.14c-Lease Extension-to-Feb-1-2022). The provision of other shared services by the agency to MSA-CESS, such as payroll and benefits processing, concluded on January 31, 2021 (05-602.14c-Amendment-to-Shared-Services-Agreement-Jul-1-2020). The shared facility space and contracted facility-related services did not, in any way, establish any connection or relationship to either organization’s accreditation activities, establishment of or collection of dues and fees from member institutions, or budget approval process. Therefore, pursuant to 602.14(c), the agency’s joint use of facility space with MSA-CESS aligned with the “separate and independent” requirements of CFR 602.14(b), met the requirements of fair market value, and did not compromise or influence the agency’s accreditation process.

The agency has no relationship with MSA-CESS for facilities or for any provision of services as the planned phasing out of all services has been completed, and the agency no longer serves as a commercial landlord due to the sale of its condominium units.

Analyst Worksheet - Response
The agency has discussed that as of 2013 the legal relationship between MSCHE and Middle States Association of Colleges and Schools (MSA-CESS) was dissolved and MSCHE formed a new independent nonprofit corporation. In 2019, MSCHE withdrew all representatives from MSA-CESS’s Board to finalize the separation. Although both entities continued to share physical space and services (e.g., internet and cleaning services) until February 2022, there was no compromise in the independence or confidentiality of the accreditation process and there was no joint collection of dues and fees from member institutions or approval of each other’s budget approval process. Both entities paid fair market value for its proportionate share of the joint use space during that time. As of the date of submission, and since February 2022, both entities remain completely separate and independent in legality, space, services, and the accreditation process.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.14(d-e)
Description of Criteria

(d) For purposes of paragraph (a)(4) of this section, the Secretary may waive the “separate and independent” requirements in paragraph (b) of this section if the agency demonstrates that—

(1) The Secretary listed the agency as a nationally recognized agency on or before October 1, 1991, and has recognized it continuously since that date;
(2) The related, associated, or affiliated trade association or membership organization plays no role in making or ratifying either the accrediting or policy decisions of the agency;
(3) The agency has sufficient budgetary and administrative autonomy to carry out its accrediting functions independently;
(4) The agency provides to the related, associated, or affiliated trade association or membership organization only information it makes available to the public.

(e) An agency seeking a waiver of the “separate and independent” requirements under paragraph (d) of this section must apply for the waiver each time the agency seeks recognition or continued recognition.
(NOTE: An agency must respond to this section only if it is requesting a waiver of the 'separate and independent' requirement.)

Narrative:
The Commission is a separately incorporated entity and has no related, associated, or affiliated trade association or membership organization, nor any other entity involved in its accreditation or policy decisions nor in its budgetary or administrative decision making (Exhibit O - MARCHE Bylaws).

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Analyst Worksheet- Narrative

Analyst Review Status:

Analyst Remarks to Narrative:

The agency is not requesting a waiver of the 'separate and independent' requirement of this criterion therefore a response to this criterion is not necessary.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.15(a)(1)
Description of Criteria

The agency must have the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition. The agency meets this requirement if the agency demonstrates that—

(a) The agency has—
Narrative:
The MSCHE continues to be fiscally responsible and financially stable, allowing it to perform its accreditation functions efficiently and effectively. Since its 2018 recognition, the Commission has maintained a stable membership, continued to conduct accreditation reviews, made accreditation decisions, and provided other accreditation services including training for Commissioners, Commission Staff, Peer Evaluators and our membership. The Commission has positive net income, strong cash flow, and substantial reserves as a result of its annual membership dues and fees collection. The three-year financial plan shows continued financial strength (Exhibit O - FY2020&21). The organization completes an annual independent financial audit, and the most recent two fiscal years are provided in Exhibit O - MARCHE FY19 Financial Statements and Exhibit O – MARCHE FY20 Financial Statements.

The MSCHE currently has 32 staff positions, an increase from 30 as reported in 2017. The organizational structure is provided in Exhibit O – MSCHE Org Chart_April2021. Staff resumes and position descriptions for the President, Chief Financial Officer, and senior staff responsible for the accreditation process are included in Exhibit O - Staff Resumes and Exhibit O - Position Descriptions. Biographical information for all staff members is published on the Commission’s website under About Us and provided in Exhibit O - Staff Profiles.

The President has both the educational and professional experience to lead the organization. Dr. Heather F. Perfetti, J.D., was elevated to President on July 1, 2020, following five years serving as Vice President liaison to institutions, Vice President for Legal Affairs and Chief of staff, Senior Vice President, and being named President-Elect on June 26, 2019. President Perfetti came to the Commission with 15 years of experience as a senior higher education administrator and faculty, as well as background as an attorney.

The President is supported by an Executive Assistant and Manager of Commission Relations and an Executive Leadership Team consisting of the Senior Vice President and Chief of Staff and the Senior Vice President for Accreditation Relations. The President’s Office has two additional direct reports, including the Senior Director for Communications and Public Relations and the Vice President for Finance and Chief Financial Officer.

The Senior Vice President and Chief of Staff is the supervisor of the following units: (1) Research and Technology Services; (2) Policy; (3) Regulatory Affairs; and (4) Conferences and Educational Programs, and (5) Training and Development. This individual joined the MSCHFE staff in 2017 as Vice President liaison to member institutions and later served as Lead Vice President and has previous experience as a senior higher education administrator and as faculty at both private and public institutions.

The Senior Vice President for Accreditation Relations supervises three units: (1) Institutional Field Relations; (2) Institutional Support Services; and (3) Accreditation Services. This individual joined the Commission in 2012 as Vice President liaison to member institutions and served as Managing Vice President and then Senior Vice President for Accreditation Relations. Previous experience includes both academic and administrative positions in public colleges and as a teacher at the elementary-secondary level.

The President relies upon her Cabinet, an advisory body that promotes the mission, vision, and values of
the organization, internally and externally. In addition to the Executive Assistant and Manager of Commission Relations and Executive Leadership Team Representatives, representatives of the major units, the Staff Advisory Committee and the Strategic Planning Advisory Group serve on the Cabinet and are charged to develop strategic priorities and provide primary support for their achievement; contribute to prompt decision-making and fully consider the impact of decisions upon the organization; contribute to planning, major initiatives, policy positions, and resourcing discussions and decisions; encourage risk-taking and innovation; and facilitate honest and enhanced communications. The Cabinet membership, purposes, and expectations are provided in Exhibit O - 20200701-President Cabinet MSCHE.

The Accreditation Relations unit, which provides direct support for accreditation activities and decision-making, consists of: Institutional Field Relations, Institutional Support Services, and Accreditation Services. The Institutional Field Relations unit is comprised of six Vice Presidents who serve as direct liaisons with member institutions and provide guidance regarding accrediting processes. In 2018, the Commission designated a Managing Vice President, now called a Lead Vice President, who provides leadership and guidance to the Vice Presidents. Vice Presidents also are directly involved in substantive change and providing training to institutions and peer evaluators, and they contribute to policy development and the peer review process by working with evaluators. Each Vice President maintains a portfolio of approximately 90 institutions that are assigned to provide a balance of institutions across the eight-year accreditation cycle. The Vice Presidents are well qualified by education and professional experience to fully understand institutional operations and educational quality and to interpret the standards for member institutions as demonstrated in their resumes provided in Exhibit O - Staff Resumes. Institutional Support Services is a new unit whose Assistant Director for Institutional Support Services provides member support through direct interaction with Accreditation Liaison Officers, management of the Applicant and Candidate for Accreditation process, and management of staff-initiated supplemental information report requests as well as regulatory and institutional requests for accreditation verification. An Administrative Assistant for Accreditation Relations position to provide general support was added in 2019. Staff's education and professional qualifications are provided in Exhibit O - Staff Resumes. Accreditation Services staff are responsible for facilitating and supporting accreditation processes including volunteer management, evaluation, follow-up, and substantive change activities, as well as accreditation review committees (Exhibit W - Staff Profiles).

The Conferences and Educational Programs and the Training and Development units provide support for all member engagement and training activities. The Conferences and Educational Programs unit provides planning and logistical support for member engagement activities including all training, workshops, Town Hall meetings, and the Commission’s Annual Conference. The Training and Development unit oversees the design, development, implementation, and evaluation of the Commission’s peer evaluator training in support of the Commission’s strategic plan and assessed member needs. This includes training specific to the accreditation activities and peer evaluator functions as well as webinar and workshop opportunities for the Commission’s members. Program content includes the content and interpretation of the standards for accreditation and requirements of affiliation, the processes used to accredit institutions, the roles and responsibilities of peer reviewers, and selected topics to support members. The Conferences and Educational Programs unit is currently staffed by the Director for Conferences and Educational Programs (Exhibit O - Staff Resumes), and the Commission is initiating a search to fill vacancies in the units.

The Finance unit, which is led by the Vice President for Finance and Chief Financial Officer, provides critical financial planning and reporting to the Commission to support the Commission’s decision-making
and strategic priorities. In 2020, the unit was restructured to formalize responsibilities across three positions. The Vice President for Finance and Chief Financial Officer manages the Commission’s financial resources, reporting and procurement, and conducts institutional financial analyses. The Assistant Director of Human Resources and Office Manager position was established to serve as the point of contact for all human resources matters and as the primary manager of business office functions including support for facilities management. A Staff Accountant serves as the facilitator for daily accounting operations and transactions (Exhibit O - Staff Resumes). In addition, a part-time temporary employee currently supports additional needs of the unit.

In 2019, the Policy unit was restructured into two separate units: (1) policy and (2) regulatory affairs. The Policy unit which is led by the Vice President for Policy and Senior Policy Analyst, provides information, analyses, and advice relating to policy issues that may impact the organization and is responsible for the records maintenance and retention program. The Vice President for Policy and Senior Policy Analyst ensures the consistent application of all policies and procedures and is also responsible for risk management, engagement with legal counsel, and the management of legal issues. In August 2020, the policy unit was expanded to include a new Associate Policy Analyst and Records Officer who, in addition to contributing to all phases of policy development, manages the Commission’s records maintenance and retention program. The Regulatory Affairs unit is staffed by the Senior Director for Regulatory Affairs who oversees reporting to the U.S. Department of Education and ensuring compliance with regulations, reporting to the Council for Higher Education Accreditation (CHEA), and managing complaints and third-party comments for the Commission (Exhibit O – Staff Resumes).

Due to space limitations, the remainder of the Commission’s response is included in Exhibit N - 60215(a)(1).

Document(s) for this Section

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide its current Organization Chart demonstrating positions that were filled to demonstrate the agency's ability to carry out its administrative responsibilities.

Analyst Remarks to Narrative:

The agency is led by a President that has sufficient experience and training to lead the organization. Having served as the agency’s Vice President for five years prior to becoming the President, and 15 years’ experience in higher education administration/faculty not to mention a career as an attorney, the President is well-versed in the agency’s inner workings, policies, and procedures.

The agency employs an Executive Assistant/Manager of Commission Relations, and an Executive Leadership team comprising of a Senior Vice President for Accreditation Relations, a Senior Director for Communications and Public Relations, a Senior Vice President for Finance and a Vice President for Finance and Chief Financial Officer (Ex. O MSCHE Org Chart).

Although the agency provided resumes demonstrating staff experience for their roles (Ex. O Staff Resumes), and staff profiles (Ex. O Staff Profiles) the agency Organization Chart shows several open staff positions in key roles including Director for Research and Analytics Development, Data Analysts, Director for Training and Development, and Senior Director for Conference and Educational Programs. Additionally, the agency utilizes in its Accreditation Relation Unit 6 Vice Presidents who each provide guidance during the accreditation process for 90 institutions. There is a vacancy there as well, which leaves the remaining 5 Vice Presidents with over 100 institutions to oversee and provide support. Lastly, Department Staff are aware of another vacancy in the Senior Director for Regulatory Affairs role. Given the numbers of vacancies in key positions Department staff are concerned as to whether the agency has sufficient administrative staff available to carry out its roles and responsibilities and whether if current staff is overburdened with providing supporting for the vacant positions, agency staff turnover is also a concern.

The agency provided documentation of an independent auditor’s report assessing the agency’s financial position for the reporting period (Ex. O MARCHE FY19 Financial Statements). This document along with the Revenue and Expense Forecast (Ex. O FY2020&21) and the Fiscal Year 2020 Financial Statement (Ex. MARCHE FY20 Financial Statements) demonstrate the agency has sufficient financial resources to carry
out its fiscal responsibilities. As a positive note, Department staff has received no complaints regarding the agency’s inability to conduct its accreditation activities.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

At the time of the submission, a number of positions appeared on the MSCHE organizational chart dated April 2021 that were unfilled. This also followed a transition in executive leadership, where the organization experienced retirements of several organizational leaders as of July 2020. Many positions were not only being evaluated by the new executive leadership team, but the environment changed dramatically due to the pandemic, requiring that positions and the organizational structure be more closely examined for updating due to new demands. The agency has consistently increased its investment in its staff, including in new or revised positions as well as in professional development to build upon existing skills. The agency provides its current organizational chart, which reflects all current positions as they exist within the agency’s fiscal plan for fiscal year 2023 (See 01-602.15a1-MSCHE Org Chart). The agency also provides exhibit 02-602.15a1-Personnel Growth Slide, reflecting the investment in personnel demonstrating financial plan increases and the growth in its human resources from FY19 of $4,629,175 and a total of 35 full-time positions to FY25 of $5,752,822 and a total of 40 full-time positions. For three fiscal years, the agency supplemented its full-time workforce with part-time positions.

At the time of the submission of the agency’s petition on April 1, 2021, there was a vacancy for one vice president for institutional field relations position in the Accreditation Relations Unit. Not only was that position being searched at the time, but it was filled in July of 2021. In fact, the agency hired two vice presidents at that time, instead of only one, allowing an early hire for a second position that was actually budgeted for the following fiscal year. With regard to the Accreditation Relations and Services Units, it is well staffed. The agency relies upon a Senior Vice President for Accreditation Relations; a Lead Vice President who carries a limited institutional portfolio; and seven (7) Vice Presidents for Institutional Field Relations. That accounts for eight (8) vice president positions providing guidance to institutions, with oversight by a senior member of the Executive Leadership Team. Any time there is a Vice President for Institutional Field Relations vacancy, portfolios temporarily shift. The division of the vice president portfolios can be seen in 03-602.15a1-VP Portfolio Report, where assignments range for the seven full-time Vice Presidents for Institutional Field Relations from the lowest of 67 to the highest of 81. The Lead Vice President continues to hold a reduced portfolio due to her supervisory and other responsibilities, and currently her portfolio sits at 9. The agency notes the relevant third-party comment where the Accreditation Liaison Officer with experience with three Vice Presidents of Institutional Field Relations commented on 602.15 and noted, “I can say without reservation that each of the MSCHE Field Relations officers in my association have provided exemplary and immediate assistance, no matter how large or small the issue.” Another third-party commenter reported prompt responses and assistance from the
assigned vice president to her institution and noted that everyone at the agency is approachable and helpful.

In addition, the Accreditation Services Unit holds other staff who support the work of the agency. Others within the organizational structure in the Unit of the Senior Vice President for Accreditation Relations include (1) a Vice President for Accreditation Services; (2) three coordinators; (3) an Assistant Director for Institutional Support Services; (4) an Associate Director for Volunteer Services, and (5) an Assistant Director for Substantive Change. In addition, all other units of the agency also support the work of accreditation and lend support to the arm of the agency that guides the work of institutions. The agency notes the relevant third-party comment where a pre-applicant reflected favorably upon the institution’s experience with staff, in both the timeliness of response as well as the clarity in responses to assist the institution with its initial steps with the agency.

Since the submission of the April 1, 2021, petition, the roles and responsibilities of the Director for Training and Development have been placed into several positions, including that of the Lead Vice President, the Associate Director for Volunteer Services, the Assistant Director for Substantive Change, and an Events Technology Assistant (a new position). Other positions also support training, including the Senior Vice President and Chief of Staff, the Senior Vice President for Legal Affairs and General Counsel (a new position), the Vice President for Policy and Regulatory Affairs, and the Compliance Officer (a new position). See 04-602.15a1-Lead Vice President Job Description; 05-602.15a1-Events Technology Assistant Job Description; 06-602.15a1-Resume of Events Technology Assistant Redacted; 07-602.15a1-Senior Vice President for Legal Affairs and General Counsel Job Description; 08-602.15a1-Resume of Senior Vice President for Legal Affairs and General Counsel Redacted; 09-602.15a1-Compliance Officer Job Description; 10-602.15a1-Resume of Compliance Officer Redacted. While department staff were notified of the departure of the agency’s Senior Director for Regulatory Affairs immediately prior to the release of the draft staff analyst report, MSCHE has always held a strong Policy and Regulatory Affairs Unit, led by a Vice President and Senior Vice President, which oversee the position of the Director for Regulatory Affairs, currently being searched and filled (See 11-602.15a1-Director of Regulatory Affairs Job Description). In addition, the agency had already added other positions that are legal or regulatory by nature, including a Senior Vice President for Legal Affairs and General Counsel as well as a Compliance Officer, which are by their nature regulatory. The agency is also provided support relating to regulatory issues from a firm based out of Washington, D.C.

The Director for Conference and Educational Programs position has been replaced with a Senior Director for Communications and Events, which was an internal shift for an existing staff member, while the new position of Director for Communications and Development Specialist was added to ensure appropriate support. While the Conferences and Educational Programs Unit in the past had been a unit of two staff members, it now reflects coordinated support among four staff members (Senior Director for Communications and Events, Director for Communications and Development Specialist, Director for
Events, and Technology Assistant) all of whom work directly with internal and external constituents to provide events, training, social media support, and communications through the delivery of services in a wider range of modalities. See 12-602.15a1-Senior Director for Communications and Events Job Description; 13-602.15a1-Director for Communications and Development Specialist Job Description; 14-602.15a1-Resume Director for Communications and Development Specialist Redacted.

The Research Unit is now led by a Senior Director for Research, hired in August of 2022; note, however, that the agency continues to rely upon its former full-time Director for Research in a part-time capacity, with substantial part-time hours ranging from 10-20 hours per week. In addition, the agency has worked with a number of consultants who assist with both the agency’s survey management and data management within its technological platform. The Senior Director for Research position has been elevated from the Director level, and she will now hire the data analyst who will report directly to her (15-602.15a1-Senior Director for Research Job Description; 16-602.15a1-Resume of Senior Director for Research Redacted; 17-602.15a1-Data Analyst Job Description Draft). The Senior Director for Research continues to have the support of the former Director for Research through part-time hours and works closely with the supervisor of the unit, the agency’s Senior Vice President and Chief of Staff. In addition, the agency’s Research Unit works closely with its Information Systems (IS) Unit, since much of the research and data management occurs through the agency’s database, Salesforce. In addition to the agency’s dedicated full- and part-time staff, the agency has contracts with a database maintenance and implementation partner that also includes: (1) a Salesforce Architect, (2) a Business (Systems) Analyst, (3) a Project Manager; and (4) a Salesforce Administrator. Because these are through an independent contract, these positions and their financial costs are not reflected on the organizational chart or within the full-time and part-time personnel slide.

Finally, the Commission has several other new positions for the current fiscal year that demonstrate additional investment of financial resources in staffing that further allow the agency to carry out its accrediting activities. Those can be found in exhibit 01-602.15a-MSCHE Org Chart, which reflects the status of all positions that the organization holds at the time of this submission. Hiring is expected in spring 2023 for a few remaining positions, two of which are new: (1) Data Analyst; (2) Salesforce Administrator Description Draft); (3) Director of Membership (See 17-602.15a1-Data Analyst Job Description Draft; 18-602.15a1-Salesforce Administrator Job Description Draft; and 19-602.15a1-Director for Membership Draft). The agency continues to maintain financial resources for professional development opportunities for all staff as well as a robust onboarding and orientation program that best supports new staff, provides for knowledge transfer in critical areas, and lends well to the work of the agency.

The agency continues to have more than sufficient administrative staff to carry out its roles and responsibilities and has continued to invest in developing current staff, growing its staff size, and being
responsive to the changing complexities of accreditation and the needs of its members, which has been particularly important during the shifts relating to the pandemic.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

MSCHE has submitted narrative and documentation of its current Organization Chart (Ex. 01-602.15a1) and descriptions of positions that were filled (including resumes) since the agency’s last submission. The reorganization and additional personnel represent current agency staffing needs, investment in its staff, personal development, and continued support for member institutions. The agency increased its total number of employees by five full-time leadership positions including a Vice President for Institutional Field Relations, a Senior Director for Communications and Events, a Senior Director for Research, a Salesforce Administrator, and a Director of Membership. Job descriptions/resumes of filled positions were provided. The submission of this additional documentation represent that the agency has adequate administrative staff to carry out the agency’s responsibilities and satisfy previous Department staff concern.

MSCHE also provided its 2021 audited financial statements in response to the draft analysis.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.15(a)(2)
Description of Criteria

(2) Competent and knowledgeable individuals, qualified by education or experience in their own right and trained by the agency on their responsibilities, as appropriate for their roles, regarding the agency’s standards, policies, and procedures, to conduct its on-site evaluations, apply or establish its policies, and make its accrediting and preaccrediting decisions, including, if applicable to the agency’s scope, their responsibilities regarding distance education and correspondence courses;

Narrative:
The Commission formally established its new policy framework in 2018 including a new Peer Evaluator Procedures, implementing its Peer Evaluators Policy. The Peer Evaluator Procedures include important principles relating to the Commission’s commitment to the use of competent, knowledgeable, and appropriately qualified peer evaluators. The policy and procedures define the Commission’s responsibilities to recruit, train, and assign peer evaluators who adhere to a code of conduct, provide training on their roles and responsibilities as appropriate to their assignments, and to assign qualified peer evaluators to support the Commission’s peer review process (Exhibit PP-Peer Evaluators Policy, Exhibit PP-Peer Evaluators Procedures).

The Commission actively recruits competent, knowledgeable, and qualified higher education professionals with three or more years of experience at a college or university; individuals who are currently employed at a MSCHE member institution, and individuals who have expertise that meets the Commission’s current needs (e.g., expertise in finance, student affairs, student services, planning). The Commission maintains a webpage dedicated to its peer evaluators that provides resources for those who wish to become peer evaluators, those who are serving, and for the public to understand who our peer evaluators are (Exhibit W—Peer Evaluators Webpages).

The Commission has a rigorous process for selecting peer evaluators. The peer evaluator webpage provides information on the benefits of serving as a peer evaluator, specific needs such as financial expertise or institutional types, and the Commission’s expectations including compliance with the Commission’s Conflict of Interest, Statement of Ethical Conduct, and Antitrust compliance requirements (Exhibit W—Become An Evaluator Webpage). The Commission’s long-standing commitment to high standards of personal and professional ethics was expanded under the new Peer Evaluators Policy and Procedures to include the Statement of Ethical Conduct (SOEC) which is required of all peer evaluators at the time an assignment is accepted. Invitations, declaration and confirmation of conflicts of interest, and the SOEC for peer evaluators are conducted electronically through the Commission’s secure portal. The SOEC also is required of all observers, assistants, system representative, or others participating in the accreditation activity but not serving as a peer evaluator (Exhibit PP—Peer Evaluators Procedures, see Section V, p 2-3; Exhibit F—SOEC Observers). Effective July 1, 2020, peer evaluators now must sign a Certification of Compliance with the Commission’s new Antitrust Compliance Policy and Procedures (Exhibit PP—Antitrust Compliance Policy; Exhibit PP—Antitrust Compliance Procedures_Certification).

The Commission accepts applications from prospective peer evaluators each year from November 1 through March 31. Individuals may be identified by staff, recommended by colleagues, or self-identified. Those interested in becoming a peer evaluator must pass a set of pre-screening questions that ensure the individual is employed by a member institution and has at least three years professional experience in higher education. Once eligibility is established, evaluators complete an online Evaluator Data Form (EDF) in the online secure portal and submit additional detailed information for staff review. Information from each applicant that is reviewed as part of this process includes education, professional experience, specific areas of expertise, and prior accreditation experience. A staff committee accepts peer evaluators based on established selection criteria in May and September. Individuals are accepted into the peer evaluator pool based on current position, prior accreditation experience, and the identified need for individuals with discipline-specific expertise while those with limited higher education experience or those with missing or inaccurate information on the EDF are not considered.

The selection of peer evaluators for specific accreditation review activities is described in Exhibit PP—Peer Evaluators Procedures, Section IV (p 2). For most types of accreditation reviews, the Commission selects individuals with broad-based expertise in higher education whose own institution is similar to the
institution being evaluated, in terms of size and complexity of the institution, mission and students, level of degrees awarded, programming, structure, public or private. In selecting peer evaluators for the self-study evaluation and on-site evaluation visit, staff use a Team Roster Grid to ensure there is proper representation relative to each of the standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements on every team. On-site evaluation teams for self-study include a chair (a senior administrator, typically a president or provost), and may include a Vice Chair (to assist the chair with coordinating logistics, writing the team report, and mentoring new team members), as well as team members whose professional experience in higher education has prepared them to evaluate institutional quality in one or more of the standards or other areas such as distance education and indicates whether the individual is a new peer evaluator. Evaluators are assigned to conduct the evaluation consistent with their expertise, previous professional experience, educational credentials, higher education experience including accreditation and evaluation experience, and any institutional experience specific to a type or mission (Exhibit PP—Accreditation Review Cycle Procedures, Section II.I.4 regarding Vice Chair).

The Commission’s Standards for Accreditation and Requirements of Affiliation have embedded all modalities of instruction for evaluation. For institutions that have alternative delivery methods in their scope of accreditation, the Team will have peer evaluators with the appropriate expertise to assess the quality of those methods (Exhibit PP—Standards, see especially Standards III and IV, pp 7 and 9).

For follow-up visits, the Commission selects peer evaluators in accordance with the Follow-Up Reports and Visits Procedures and Peer Evaluators Policy and Procedures. The number, background, and expertise of the peer evaluators will vary according to the number and complexity of issues addressed in the follow-up report (Exhibit PP - Follow-Up Reports and Visits Procedures; Exhibit PP–Peer Evaluators Policy; Exhibit PP–Peer Evaluators Procedures). Mid-Point Peer Reviewers are selected and assigned in accordance with the Peer Evaluator Procedures and the Accreditation Review Cycle and Monitoring Procedures Section III.H. (Exhibit PP–Accreditation Review Cycle Procedures). The Commission selects substantive change evaluators from an established list of experienced evaluators reflecting expertise across the types of substantive change that require approval. Assignments are made in accordance with the Substantive Change Procedures Section V.D. (Exhibit PP–Substantive Change Procedures).

In addition to the professional expertise and training peer evaluators bring to their accreditation roles, the Commission ensures their knowledge of the accreditation standards, requirements of affiliation, and procedures by providing a comprehensive training program through the Commission’s learning management system (LMS). New peer evaluators undergo online training beginning with New Peer Evaluator Orientation which provides a holistic introduction to the Commission and the standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements (Exhibit T – Orientation for New Peer Evaluators). Once oriented, peer evaluators access the Commission’s learning management system (LMS) where more advanced training on specific roles, responsibilities, and accreditation decision making are available, for example, for Team Chairs and Mid-Point Peer Review evaluators (Exhibit T – LMS Content Library). The Commission staff provide live question-and-answer sessions to address specific issues or questions that evaluators may have about their role or the process including the application of the standards, requirements of affiliation, applicable federal compliance requirements, policies or procedures. In addition to this training which is available on demand, peer evaluators are also trained for specific types of accreditation activities. Peer evaluators selected to serve as MPPR evaluators are provided training specific to the MPPR process including how to review and analyze data included in the MPPR and responses to Commission recommendations, and how to identify the Commission’s level of concern regarding student
achievement, viability and capacity, and financial concerns (Exhibit T – MPPR Training_2019). Training specific to the substantive change and complex substantive change processes is provided in the Commission’s LMS and addresses the Commission’s substantive change types and analysis and evidence required in the substantive change or complex substantive change request. Live question-and-answer sessions also are provided for substantive change reviewers.

Due to space limitations, the remainder of the Commission's response is included in Exhibit N - 60215(a)(2).

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Analyst Worksheet- Narrative Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:

As discussed in its narrative and documentation, the agency has demonstrated its policy regarding the recruiting, training, and assigning Commissioners and peer evaluators that are competent and knowledgeable individuals able to carry out the agency’s work in accordance with its policies, procedures, and this criterion.

Peer Evaluators
The agency maintains a page on its website (Ex. Become an Evaluator Webpage) specifically dedicated to recruiting peer evaluators. Individuals who are currently employed at one of the agency’s member institutions, who have three or more years’ experience at a college or university, and who possess expertise in an area needed by the Commission are extended an invitation to undergo the Commission’s rigorous selection process. Once selected, peer evaluators are trained to implement the peer review process and propose accreditation actions in accordance with Commission requirements of affiliation, standards for accreditation, policies, and procedures. (Ex. PP Peer Evaluators Policy) Commission staff maintain a comprehensive, systematic, and structured training program for peer evaluators, which will be offered in a variety of modalities. Training covers the application and interpretation of accreditation standards, policies and procedures, as well as the roles and responsibilities associated with accreditation activities (including responsibilities related to the review of distance education or correspondence education). All selected peer evaluators who accept an invitation to serve must participate in the Commission’s training program. Additionally, Commission staff may require peer evaluators to complete additional training specific to a particular role or accreditation activity (including but not limited to compliance verification, distance education/correspondence education, substantive change, or appeals) (Ex. PP Peer Evaluators Procedures).

Commissioners and Executive Committee Members
The agency’s process for recruiting Commissioners is similar to that of peer evaluators in that the call for nominations is placed on the agency’s website (verified by Department Staff). The webpage details the deadlines, potential workload of Commissioners, expected training individuals will undergo and the requirement that potential nominees are active administrative or academic representatives of member institutions or an employee of a higher education organization that represents the interests of member institutions as well as public representatives.

Executive Committee members may be comprised of an ad-hoc group of Commissioners to conduct accreditation decision-making actions that do not require the full Commission. These Executive Committee members are trained Commissioners. Finally, Department Staff conducted a file review of training documents, including agendas and the training PowerPoint in November 2021.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded
Criteria: 602.15(a)(3)
Description of Criteria

(3) Academic and administrative personnel on its evaluation, policy, and decision-making bodies, if the agency accredits institutions;

Narrative:
As required under the MARCHE Bylaws, Article V. Section 5.02(c), “The Commission shall nominate Commissioners in accordance with applicable federal and state laws and regulations, including requirements of the United States Department of Education for the election of Public Representatives. In addition to Public Representatives, the nominees shall include active administrative or academic representatives of member institutions or an employee of a higher education organization that represents the interests of member institutions.” (Exhibit O - MARCHE Bylaws, pp 5-6). The Executive Committee also includes administrative and academic representatives as required by the MARCHE Bylaws, Article VI., Section 6.02, which defines the Executive Committee as consisting of at least seven (7) Commissioners elected by the Commission annually, including the chair, the Vice Chair(s), Treasurer, and Secretary. The Bylaws further state, “As a decision-making body, it shall include administrative, academic and public representation.” (Exhibit O - MARCHE Bylaws, p 8). A roster of current Commissioners and Executive Committee members including their designation as administrative, academic, or public representative is provided in Exhibit O - Commission 2021. All Commissioners participate in the Commission’s review committees as well.

The Commission maintains a pool from which it can select an appeals panel (Exhibit O – Appeals Pool). As stated in the procedures Appeals from Adverse Accrediting Actions, Section I Definitions, paragraph M, and under Section III.C., academic and administrative representatives are required on a hearing panel established to hear an institution’s appeal of an adverse action. “A panel of three (3) individuals selected by the Administrator of the Appeal to consider an institution’s appeal. The Hearing Panel will be selected in accordance with the procedure provided in Section III.C and shall be composed of a public representative and peer evaluators who are academic and administrative representatives of member institutions.” (Exhibit PP – Appeals from Adverse Accrediting Actions, see page 2, paragraph M, and page 5, Section III.C.) Because the Commission has not received an appeal of an adverse accrediting action since its 2018 recognition, the Commission has not had an opportunity to demonstrate that it adheres to this provision.

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Meets the requirements of this section

Analyst Remarks to Narrative:

The agency provided documentation of its Bylaws (Ex. O MARCHE Bylaws) that sets forth the Commission and Executive Committee as the agency’s policy and decision-making bodies. The Commission is comprised of a twenty-seven-member team, in addition to the President of the Corporation who serves as ex-officio, non-voting member of the Commission.

The Appeals Panel is charged with evaluating/hearing an institution’s appeal of a Commission’s decision. The three-person panel is composed of a Public Representative and Peer Reviewers who are academic and administrative representatives of member institutions (Ex. PP Appeals from Adverse Accrediting Actions Procedures).

The agency provided a list of its current pool of Appeals Panel and Commission members including the members term in office and whether each member is an administrator, academic, or public member (Ex. O Appeals Pool, O Commission 2021). The agency further provided the profiles of each member to assess the skills and qualifications of each member (Ex. W Commissioner Profiles). Department Staff conducted a file review in November, 2021 to review the training materials, profiles, and signed Conflict of Interest forms of each representative.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:
Criteria: 602.15(a)(5)

Description of Criteria

(5) Representatives of the public, which may include students, on all decision-making bodies; and

Narrative:
As described in response to 602.24(b)(2), the Commission and the Executive Committee are the agency’s authorized decision-making bodies. As required under Article V. Section 5.02(c), “The Commission shall nominate Commissioners in accordance with applicable federal and state laws and regulations, including requirements of the United States Department of Education for the election of Public Representatives.” In addition to Public Representatives, nominees include active staff of member institutions or an employee of a higher education organization that represents the interests of member institutions (Exhibit O – MARCHE Bylaws, pp. 5-6). The Commission publishes the roster of Commissioners along with a brief profile of each member providing titles and qualifications on the website under About Us, Commissioners (Exhibit W - Commissioners Webpage). The Commission always meets the minimum threshold for public representatives and clearly denotes its public representatives on its website. In addition, it has made a concerted effort to recruit public representatives and recent additions to the Commission include: Michael Collins, Vice President, Jobs For the Future (JFF); Mrs. Roberta Griffin Torian, former Partner, Reed Smith, LLP; and Dr. Carl Person, former Director of Aerospace Research and Career Development in the Office of Education at NASA. See Exhibit W - Commissioner Profiles.

Article VI., Section 6.02 defines the Executive Committee as consisting of at least seven (7) Commissioners elected by the Commission annually, including the chair, the Vice Chair(s), Treasurer, and Secretary. The Bylaws further require that, as a decision-making body, it will include administrative, academic and public representatives. (Exhibit – MARCHE Bylaws, p 8)

The Appeals from Adverse Accrediting Actions procedures makes clear the composition of an Appeal Hearing Panel. As defined in the procedures, Section I. Definitions: M. Hearing Panel, the Hearing Panel is “A panel of three (3) individuals selected by the Administrator of the Appeal to consider an institution’s appeal. The Hearing Panel will be selected in accordance with the procedure provided in Section III.C and shall be composed of a Public Representative and Peer Reviewers who are academic and administrative representatives of member institutions.” The definitions section also includes the definition of a public representative in paragraph O. Public Representative (Exhibit - Appeals from Adverse Accrediting Actions, p 2).

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The agency attests and provided documentation of its Bylaws that require representatives of the public to serve on its decision-making bodies- the Commission and the Executive Committee. Bylaws require that the Commission shall nominate Commissioners in accordance with applicable Department regulations pertaining to the election and definition of Public Representatives.

The Bylaws define public representatives as a Commissioner who is not an employee, governing board member, owner, shareholder, or consultant of an institution accredited by the Commission or a candidate for accreditation status by the Commission; who is not a member of any trade association or membership organization related to, affiliated with, or associated with the Commission; and who is not a spouse, parent, child or sibling of any of the above. This definition is consistent with CFR § 602(3)(b).

As noted in the previous section, the agency provided as documentation a list of its current Commission members including the members term in office and whether each member is an administrator, academic, or public member (Ex. O). The agency further provided the profiles of each member to assess the skills and qualifications of each member (Ex. W). The list and profile of each member is also published on the agency website.

Department Staff reviewed the agency's Bylaws and policies regarding the solicitation, qualifications, and elections of Public Members during a file review in November, 2021 to demonstrate compliance with the requirements of this section.
Criteria: 602.15(a)(6)

Description of Criteria

(6) Clear and effective controls, including guidelines, to prevent or resolve conflicts of interest, or the appearance of conflicts of interest, by the agency's—

(i) Board members;
(ii) Commissioners;
(iii) Evaluation team members;
(iv) Consultants;
(v) Administrative staff; and
(vi) Other agency representatives; and

Narrative:
The Commission's commitment to the integrity and credibility of the accreditation process through protections against conflicts of interest is demonstrated through four policies and procedures for the management of conflict of interest: (1) staff abide by the Commission policy Conflict of Interest: Commission Employees; (2) non-staff individuals participating in the accreditation decision-making process are governed by the Commission's Conflict of Interest: Commission Representatives Policy; (3) all peer evaluators certify agreement with the Statement of Ethical Conduct defined in Peer Evaluators Policy and Procedures at the time an assignment is accepted; and (4) Commissioners and the executive leadership team also sign the Conflict of Interest for Corporate Actions Policy which protects the interests of the Commission with regard to business transactions.

Staff disclose conflicts of interest annually by confirming and recording any conflicts of interest in the Commission's secure database as part of their employee procedures with MSCHE, and Vice Presidents' institutional liaison assignments are adjusted as a result if necessary. The updated policy is provided in Exhibit PP – Conflict of Interest_Commission Employees Policy and implementation is demonstrated in Exhibit G - 20200623 Salary Letter Template.

The Conflict of Interest: Commission Representatives Policy defines the conditions that may lead to allegations of undue influence in the accreditation process, such as relationships that might bias the actions, deliberations, or decisions of the Commission; conflicts that would impair the judgment of a decision-maker; and circumstances that may interfere with an individual’s capacity to make objective, detached decisions. Individuals interested in becoming a peer evaluator must report conflicts of interest, as defined in the policy in the application. Once accepted, all peer evaluators are expected to maintain their record as circumstances change but are required to update or confirm their conflicts of interest when accepting an invitation to serve. (Exhibit PP – COI_Commission Representatives Policy).

The Commission's Peer Evaluators Policy and Procedures, established in 2018, enforces this expectation and outlines the steps in the process for peer evaluators to update or confirm conflicts of interest or report any changes that may arise prior to or during the accreditation process. To ensure the integrity of the accreditation process, the Commission established a Statement of Ethical Conduct that all peer evaluators must agree to at the time an evaluation assignment is accepted. The Statement of Ethical Conduct is an electronic form that requires peer evaluators to confirm that all Conflicts of Interest have been declared when accepting an assignment to serve and commit to notifying the Commission should
any conflicts arise prior to or during the assignment. The Statement of Ethical Conduct further requires
peer evaluators to commit to upholding all Commission policies and procedures including the Conflict of
Interest: Commission Representatives Policy as stated in Exhibit PP - Peer Evaluators Procedures Section
V. As stated in response to 602.15(a)(2), all individuals participating in an accreditation activity but not
serving as a peer evaluator for the Commission also must agree to the Statement of Ethical Conduct (Exhibit F – SOEC Observers).

In addition to the Commission’s review of conflicts, institutions also are provided the opportunity to
review the proposed team roster and identify any potential or actual conflicts of interest. If the
Commission agrees that a conflict exists as defined in policy, the Commission staff identifies a
replacement and provides the revised team roster to the institution for review. The Commission also
recognizes that previously undisclosed conflicts may arise after an assignment has been accepted. Peer
Evaluator Procedures Section IV.E. defines the procedures for addressing such conflicts. (Exhibit_Peer
Evaluators Policy; Exhibit_Peer Evaluators Procedures, See Section IV and V).

At the next level of review, individuals participating in a review committee meeting must recuse
themselves from the discussion and the vote on any institution for which they have a conflict. Prior to
each committee meeting, the Commission staff hold a pre-meeting with all review committee
participants to orient participants to the review committee meeting protocols, instruct all participants
on the need to declare any conflicts of interest for any of the institutions on the agenda, and provide a
reminder of the conditions that constitute a conflict of interest. See Exhibit T – Follow-up Pre-Meeting
October 2020FINAL, especially slides 13-14, and Exhibit T – Evaluation Pre-Meeting Oct2020, especially
slides 13-14.

Conflicts of interest are managed whether meetings occur in person or virtually. In person, individuals
with conflicts of interest physically leave the room. Virtually, the meeting manager moves participants
with a declared conflict of interest into a separate virtual room that isolates those with conflicts from
the discussion and voting. Once the vote has taken place, these individuals are brought back into the
main discussion group. The process was included in pre-meeting orientation as demonstrated in Exhibit
T – Follow-up Pre-Meeting October 2020FINAL, slides 8-10, and Exhibit T – Evaluation Pre-Meeting
Oct2020, slides 8-10. Recusals during committee meetings is demonstrated in Exhibit M – Cmte_Eval
Reports_Minutes_3Feb2021 (pp 1 and 6), and Exhibit M – Cmte_Follow-Up_Minutes_29Oct2020 (p 4).

In 2017, the Commission clarified its position on service conflicts. These conflicts fall under the
Commission’s Conflict of Interest: Commission Representatives Policy and require Commissioners to
abstain from the voting process if the Commissioner served as a member of an on-site evaluation team
leading to the action under consideration (Exhibit PP – COI-Commission Representatives Policy, see
Section I.A., p.3; Exhibit O - March 2020 Service Conflicts).

Conflicts of interest are also addressed with Commissioners prior to and during Commission decision-
making meetings. Prior to each meeting, staff provide a reminder and instructions to update conflicts. In
lieu of signed paper forms, Commissioners are directed to submit their conflicts online through the
MSCHE secure portal using their unique login and secure passcode. Staff also provide a link to a short
tutorial on how to manage conflicts of interest. The list of conflicts is included in the meeting materials,
and during the meeting staff remind Commissioners of the conflict of interest policy and definitions.
Staff track Service Conflicts for each meeting, and these are identified for the record before discussion
during the Commission decision-making meeting. As described in response to 602.14(b), the
Commission’s vote for institutions on the consent agenda is taken en toto, so Commissioners are
deemed to have recused themselves from the vote on those institutions for which a conflict is listed. At the start of discussion for each institution on the discussion agenda, the Commission Chair asks if there are any additional conflicts, and all Commissioners with an identified conflict must recuse themselves and leave the room during the discussion and vote (Exhibit G – Conflict of Interest_Commission Meeting Materials).

In addition to institutional conflicts of interest, the Commission has an established Conflicts of Interest Policy for Corporate Actions that protects the interests of the Mid-Atlantic Region Commission on Higher Education (MARCHÉ) as a nonprofit charitable corporation under Pennsylvania law when considering a business transaction or arrangement that might benefit the private interest of a Commissioner, a Commission or staff officer, committee member or senior management employee of the Corporation. Commissioners and executive leadership update and submit a signed form at the corporate annual meeting in March each year (Exhibit PP – MARCHÉ Corporate Conflicts Policy).

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As discussed in its narrative and provided documentation, the agency’s conflict of interest policy is applicable to staff; Commission employees; non-staff individuals participating in the accreditation decision-making process; all peer evaluators; and the Executive Leadership team.

Staff are required to disclose conflicts of interest on a yearly basis that in turn inform the Vice President’s institutional liaison assignments.

Additionally, institutions are provided the opportunity to review the peer evaluators team roster to identify potential conflicts of interest. The President must notify the Commission if a perceived or actual conflict as soon as possible, but no later than ten calendar days. If the Commission determines that a conflict identified by the institution exists, the Commission will select a replacement (Ex. PP).

Commissioners are required to disclose conflicts of interest prior to and during Commission decision-making meetings. To ensure conflicts are addressed, at the start of the meeting, agency staff provides conflict reminders and instructions for Commissioners to submit conflict through the agency’s secure online portal. The agency provided (Ex. G) documentation of its conflict of interest policy training (Ex. G), and a list of conflict that occurred during the review period (Ex. O).

Department staff observed the June 2021 Commission Meeting where conflicts of interest were discussed at the start of the meeting and members recused themselves. This practice demonstrated real-time application of this criterion and agency policy.

Department Staff conducted a file review in November 2021, and reviewed signed Conflict of Interest document from the agency’s decision-making body and administrative representatives.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:
Criteria: 602.15(b)  
Description of Criteria

(b) The agency maintains complete and accurate records of—
(1) Its last full accreditation or preaccreditation review of each institution or program, including on-site evaluation team reports, the institution's or program's responses to onsite reports, periodic review reports, any reports of special reviews conducted by the agency between regular reviews, and a copy of the institution's or program's most recent self-study; and  
(2) All decision letters issued by the agency regarding the accreditation and preaccreditation of any institution or program and any substantive changes.

Narrative:
The Commission published a revised, more robust Maintenance and Retention of Commission Records Policy and Procedures, effective September 1, 2020, to preserve all necessary and required Commission records and eliminate those that are unnecessary and obsolete. The Commission also revised its Records Retention Schedule, effective September 1, 2020, to establish the timetable for the retention and disposal of Commission records. As described under 602.15(a)(1), the Commission established a new Associate Policy Analyst and Records Officer staff position to be responsible for the maintenance and retention program and for production of documents in response to any legal and regulatory requests. (Exhibit PP - Maintenance and Retention Policy, Exhibit PP - Maintenance and Retention Procedures; Exhibit PP – Records Retention Schedule)

The Commission retains the institutional record for at least the last full accreditation review or review for Candidate for Accreditation Status. The institutional record includes all materials and data the Commission has on file related to the applicant, candidate, or accredited institution, including but not limited to all accreditation materials related to any accreditation activity, the record on file and transcripts for any proceeding, complaints, and any information or documents related to the institution collected by the Commission or received from external sources such as the government or other quality assurance agencies as part of ongoing monitoring activities. As defined in the revised Maintenance and Retention of Commission Records Policy and Procedures, effective September 1, 2020, accreditation materials include: all documentation related to accreditation activities including but not limited to the institution's written reports to the Commission, submitted evidence, team reports, institutional responses, confidential briefs, third-party comments, action notifications, substantive change requests, transcripts of proceedings, team rosters, and any correspondence of record.

The Commission also retains a permanent record of all accreditation actions taken for each applicant, candidate, accredited or former member institution including all correspondence that is significantly related to those decisions (Exhibit PP - Maintenance and Retention Procedures, see Section II.B.)

In 2018, the Commission launched a new database and information system that supports all aspects of the organization and its accreditation functions and serves as a single, password protected digital repository for all institutional and accreditation information and documentation. Institutions, peer evaluators, Commissioners, and staff submit and/or review all accreditation materials, including accreditation actions, through the secure MSCHE portal. Any accreditation documents that may be received in hard copy are scanned and stored in the institution's record available in the secure MSCHE
Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation related to whether the agency plans to create a back-up method for maintaining institutional records in the event the agency’s only database is compromised and provide documentation of the perpetual keeping of substantive changes and decision actions.

Analyst Remarks to Narrative:

The agency attests that it maintains complete and accurate electronic records of all accreditation or preaccreditation institutional reviews. In addition to creating a new role within the agency, the Associate Policy and Records Officer is responsible for the maintenance, and retention of documents for agency purposes and the production of documents in response to legal and regulatory requests (Ex. PP).

Although the agency attests that its newly revised Maintenance and Retention of Commission Records policy (as of September 1, 2020) requires retention of institutional records including all documentation
related to accreditation activities (including institution reports sent to the Commission), submitted evidence, team reports, institution responses, confidential briefs, third-party comments, action notifications, substantive change requests, transcripts of proceedings, team rosters, (Ex. PP) and any correspondence of record for at least the last full accreditation review or accreditation candidate status.

The agency also maintains a Records Retention Schedule outlining the timetable for the retention and disposal of Commission records based on business and operational needs and applicable laws and regulations (Ex. PP).

The agency uses a password protected database to store institutional records and serves as a means for institutions, peer evaluators, Commissioners, and staff to submit and review accreditation materials. Although Department Staff reviewed the agency’s policies and procedural documents for record keeping during the November 2021 file review, it remains unclear whether the agency has plans to create a back-up system to ensure records are preserved in the event the database is destroyed or compromised.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

In the April 1, 2021, submission, the agency provided Exhibit PP Maintenance and Retention Policy, Exhibit PP Maintenance and Retention Procedures, and Exhibit PP Records Retention Schedule as evidence of its compliance with this criterion. The agency is now providing revised Maintenance and Retention of Commission Records Procedures, effective October 1, 2022 (01-602.15b-Maintenance-Retention-Procedures-Oct-1-2022) and Records Retention Schedule (02-602.15b-Records-Retention-Schedule-Oct-1-2022).

The agency draws your attention to the revised procedures which explain the agency’s operational back-up process in more detail (01-602.15b-Maintenance and Retention Procedures, Section II.F, Page 2). The agency utilizes third-party back-up software applications (which are specialized for each system of record or software utilized by the agency) to ensure the appropriate retention of agency records for disaster recovery and business continuity requirements (03-602.15b-MSCHE-Data-Backup-Systems-of-Record-Diagram). The full institutional record, which is the compilation of all materials and data the agency has on file related to a pre-applicant, applicant, candidate, or accredited institution, is stored in a system of record called Box. The institutional record is made available to institutions through an institutional portal which is integrated with Box software. CloudAlly, designed specifically for Box software, collects, compresses, encrypts and transfers data to the servers of the cloud service provider every 24 hours. To reduce the amount of bandwidth consumed and the time it takes to transfer files, the service provider provides incremental backups after the initial full backup.
The Records Retention Schedule prescribes the timetable for the retention and disposal of agency records. The agency retains the institutional record for at least 20 years to ensure that it includes the last full accreditation review cycle. The institutional record includes, but is not limited to, all reports, evidence, institutional responses, confidential briefs, action notifications, third-party comments, complaints, correspondence related to decision-making, and any information or documents related to the institution collected by the agency or received from external sources such as the government or other quality assurance agencies as part of ongoing monitoring activities. As part of the institutional record, the agency retains a permanent record of all accreditation actions taken for each pre-applicant, applicant, candidate, accredited or former member institution. The action notification records are stored in a protected folder within each institutional record or account in Box.

The agency’s revised procedures (01-602.15b-Maintenance-Retention-Procedures-Oct-1-2022, Section V. A and B, Page 5) now note the use of data governance software to manage the life cycle of records from creation to permanent retention or destruction in accordance with the Records Retention Schedule. As part of a comprehensive effort to digitize records and improve maintenance and retention practices, the agency implemented Box Governance software in 2020. Through this program, the agency utilizes metadata templates and sets retention parameters to ensure records do not get deleted accidentally or intentionally until the content is out of the retention period. When records are required to be retained permanently, the retention policy is set to ‘Indefinite,’” and the system prevents any of those records from being permanently deleted (04-602.15b-Box-Governance-Action-Notification-Indefinite-Retention). The Records Officer monitors the retention and destruction process and reviews the status of the retention parameters on a quarterly basis (05-602.15b-Records-Officer-Position-Description).

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

The agency has discussed that its revised (as of October 2021) Maintenance and Retention of Commission Records Procedures requires the Commission to retain the institutional record for at least the last full accreditation review. As part of the institutional record, the Commission will retain a permanent record of all accreditation actions taken for each pre-applicant, applicant, candidate, accredited or former member institutions including all correspondence that is significantly related to those decisions (Ex. 01-602.15b). To achieve, permanent retention of records the agency now utilizes software that collects, compresses, encrypts, and transfers data to a cloud service as a means of backing up its institutional record filing system. This software allows the institution to keep records that must be permanently retained to be filed indefinitely and is backed-up every 24-hours. Additionally, the agency
retains the institutional record for at least 20 years to ensure that the record includes the last full accreditation review cycle. This additional information satisfies previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.16(a)(1)(i)
Description of Criteria

(a) The agency must demonstrate that it has standards for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits. The agency meets this requirement if the following conditions are met:

(1) The agency’s accreditation standards must set forth clear expectations for the institutions or programs it accredits in the following areas:

(i) Success with respect to student achievement in relation to the institution’s mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of State licensing examinations, course completion, and job placement rates.

Narrative:
The Commission’s requirements regarding student achievement are established in the Standards for Accreditation and Requirements of Affiliation, the Verification of Compliance with Accreditation-Relevant Federal Regulations, a focus of the self-study, annual monitoring through the Annual Institutional Update (AIU), and Mid-Point Peer Review, and reinforced in institution and peer evaluator training. The Commission also publishes links to external resources and requires institutions to make student achievement information available to the public.

The Commission’s Standards for Accreditation and Requirements of Affiliation require institutions to address student learning and success throughout the requirements of affiliation and the standards. The standards are designed to demonstrate that institutions have expected learning outcomes, that students are achieving them, and that they are using the results of the assessment of student learning to make improvements. Indeed, each standard has as its last criterion the periodic assessment of the institution’s effectiveness in the area addressed in the standard.

Requirement of Affiliation #9 requires that the “institution’s student learning programs and opportunities are characterized by rigor, coherence, and appropriate assessment of student achievement throughout the educational offerings, regardless of certificate or degree level or delivery and instructional modality.” Requirement of Affiliation #10, which focuses on planning, institutional
effectiveness and appropriate assessment of student achievement, states “[I]nstitutional planning integrates goals for academic and institutional effectiveness and improvement, student achievement of educational goals, student learning, and the results of academic and institutional assessments.” (Exhibit PP - Standards, p 3)

Standard I: Mission and Goals requires institutions to define its mission and set clearly defined goals that focus on student learning. Criterion 3 requires institutions to have “goals that focus on student learning and related outcomes and on institutional improvement...supported by administrative, education, and student support programs and services...consistent with institutional mission,” and Criterion 4 requires periodic assessment of mission and goals to ensure they are relevant and achievable.

In Standard III institutions must demonstrate that students are provided “with learning experiences that are characterized by rigor and coherence at all program, certificate, and degree levels, regardless of instructional modality. All learning experiences, regardless of modality, program pace/schedule, level, and setting are consistent with higher education expectations.”

Standard V: Educational Effectiveness Assessment looks comprehensively at the institution’s student achievement and success. Standard V states “[A]ssessment of student learning and achievement demonstrates that the institution’s students have accomplished educational goals consistent with their program of study, degree level, the institution’s mission, and appropriate expectations for institutions of higher education.” The five criteria that comprise the standard further explicate the requirement. Criterion 3 requires institutions’ “consideration and use of assessment results for the improvement of educational effectiveness. Consistent with the institution’s mission, such uses include some combination of...improving key indicators of student success, such as retention, graduation, transfer, and placement rates.” (Exhibit PP - Standards)

Standard VI, Planning, Resources, and Institutional Improvement, and its related criteria require institutions to engage in organized, systematic, and sustained continuous quality improvement processes to continuously assess and improve their programs and to respond effectively to opportunities and challenges.

The Commission also requires institutions to make student achievement data available to the public. Standard II: Ethics and Integrity requires “the full disclosure of information on institution-wide assessments, graduation, retention, certification and licensure or licensing board pass rates.” This is reinforced in Public Disclosures Policy and Procedures and Verification of Compliance with Accreditation-Relevant Federal Regulations area 5 (Exhibit PP – Verification of Compliance_2020; Exhibit PP - Public Disclosures Policy; Exhibit PP - Public Disclosures Procedures). Exhibit PP - Public Disclosures Procedures Section II.B. (pp 2-3) requires institutions to disclose on their websites student achievement data that is up-to-date, accurate, and complete, and Exhibit PP – Verification of Compliance_2020 requires the URLs and other public locations where the information is provided. The institution demonstrates this during the self-study process in the Institutional Federal Compliance Report (IFCR) (Exhibit F – IFCR) and the team verifies it as indicated in the Team Report template, section E (Exhibit F – Team Report Template_SS_2021).

To achieve and maintain accreditation, institutions must conduct an in-depth, comprehensive, and reflective self-study and provide evidence that demonstrates the institution’s educational quality and success in meeting its mission. A team of peer evaluators then conducts an evaluation visit that verifies the information and evidence and provides a team report that assesses the institution’s compliance. The
Team Report template requires the team to address the institution’s student achievement and assert whether the institution’s approach to implementing its student achievement goals appears or does not appear to be effective, consistent with higher education expectations and the institution’s mission. Teams make this judgment based on their review of the student achievement information provided in the self-study report, evidence, interviews with institutional constituencies, and the student achievement URL available on its website (Exhibit F – Team Report Template_SS_2021)

The Commission's eight-year cycle of review also includes annual monitoring and a mid-point review by peers to assess the institution’s progress and performance. On an annual basis, institutions are required to submit the Annual Institutional Update (AIU) which provides data on key data indicators including measures of student achievement, enrollment, and financial information. Data are reviewed annually against the prior year data to determine whether there is no or minimal concern, moderate concern, or serious concern. For each institution, Commission staff (Vice President) liaisons are provided the level of concern on each data indicator to determine whether any follow-up may be necessary in light of other information the institution may have provided in its AIU. Following review by the Commission staff liaisons, additional information may be requested (Exhibit F – AIU Response Form_Viability-Capacity) If the data indicators indicate serious concerns and the additional context information does not satisfactorily address them, the Commission may request a Supplemental Information Report, which is provided to a review committee and the Commission for action. For purposes of student achievement, the Commission has established the following indicators: The Commission has No/Minimal Concern if a two-year institution’s graduation rate is above 15% and the graduation rate has not decreased by 10% from the previous year or if a four-year institution’s graduation rate is above 25% and has not decreased by 10% from the previous year. The Commission has Moderate Concern if a two-year institution’s graduation rate is between 10-15% and/or the graduation rate has decreased 10% or more from the previous year or a four-year institution’s graduation rate is between 10-25% and/or the graduation rate has decreased 10% or more from the previous year. The Commission has Serious Concern if a two-year institution’s graduation rate is below 10% or if a four-year institution’s graduation rate is below 10%.

Due to space limitations, the remainder of the Commission’s response is included in Exhibit N - 60216(a)(1)(i).

Document(s) for this Section

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide policy documentation related to whether the agency utilizes third-party verification of student achievement data to further verify institution self-study reports and yearly student achievement comparison data. In addition, the agency must discuss how it determined that its student achievement measures are sufficiently rigorous including any research conducted in establishing its measures.

Analyst Remarks to Narrative:

The agency attests that its Standards for Accreditation and Requirements of Affiliation (Ex. PP) sets forth the expectations institutions and programs must adhere to as it relates to student achievement. The document includes seven Standards that the agency believes demonstrate institutions have expected learning outcomes, whether students are achieving the outcomes, and whether they are using the results to inform student learning improvements, where needed. Associated with each Standard are periodic assessments for institutions to gauge whether they are effectively adhering to each standard. The agency must discuss how it determined that its student achievement measures are sufficiently rigorous including any research conducted in establishing its measures.

Standard I require that the institutions mission defines its purpose within the context of higher education, the students it serves, and what it intends to accomplish with a period assessment of mission and goals to ensure they are relevant and achievable. Standard II requires ethics and integrity to be the central, indispensable, and defining hallmark of the institution with a period assessment of the institutions institutional polices, processes, practices, and the way these are implemented. Standard III requires institutions to provide students with learning experiences that are characterized by rigor and coherence at all programs, certificate, and degree levels. Standard III requires an assessment of the effectiveness of programs that provide student learning opportunities. Standard IV requires institutions admit students whose interest, abilities, experiences, and goals are congruent with the institutions mission and educational offerings and that the institution commits to student retention, persistence, completion, and success. A periodic assessment of the effectiveness of programs supporting the student experience. Standard V provides guidance to determine if an institution has accomplished the educational goals consistent with their program of study, degree level, the institution’s mission, and appropriate expectation institutions of higher education. This Standard requires periodic assessment of the effectiveness of assessment processes that are used by the institution. Standard VI requires an examination of an institution’s planning process, resources, and structures to ensure they are aligned with one another and sufficient to fulfill its mission and goals, to improve its programs and services, and to respond effectively to opportunities and challenges. To evaluate this, the agency requires periodic assessment of the planning, resource allocation, institutional renewal processes, and availability of
resources. Lastly, Standard VII examines how the institution is governed and administered to assess whether its stated mission and goals effectively benefit the institution, its students, and any other constituents it serves. Standard 7 requires a periodic assessment of the governance, leadership, and administration of the institution (Ex. PP Standards). Of the 7 Standards, Standards III, V, and VI directly relate to student achievement.

The agency requires institutions to submit an Annual Institutional Update that looks at data on key student achievement indicators, including enrollment and financial information. This information is reviewed by the Commission against the previous year’s data. The Vice President then assigns a value related to cause of concern from minimal, moderate, or serious. An assigned value of no concern is assessed if a two-year institution graduation rate is above 15% and the graduation rate has not decreased by 10% from the previous year. The Commission has Moderate Concern if a two-year institution’s graduation rate is between 10-15% and/or the graduation rate has decreased 10% or more from the previous year or a four-year institution’s graduation rate is between 10-25% and/or the graduation rate has decreased 10% or more from the previous year. The Commission has Serious Concern if a two-year institution’s graduation rate is below 10% or if a four-year institution’s graduation rate is below 10% (Ex. PP Standards). However, the agency has not discussed how it determined that these student achievement measures are sufficiently rigorous including any research conducted in establishing these measures.

The agency provided self-study and team visit reports for four institutions; however, the agency did not provide documentation of its review of an institution’s student achievement, graduation, or financial information comparison from year to year.

The requirements included in the Standards for Accreditation and Requirements of Affiliation are self-reported periodic assessments and it is unclear to Department staff if the agency utilizes any outside or third-party forms of verification directly related to student achievement data beyond the information contained in the Evaluation Team on-site visits and data submitted by the institution itself.

Finally, Department Staff conducted a file review in November 2021, to analyze documentation of the agency’s standards as aligned with the site-evaluation and Commission meeting minutes and determined that the review of additional documentation to demonstrate research and/or actions taken to determine student achievement rigor are needed to meet the requirements of this section.

Additionally, Department staff received third-party comments regarding employment and graduation rates at institutions; however, the Department is specifically limited by the Higher Education Act of 1965, as amended, at § 496(g), 20 U.S.C. § 1099b(g), from establishing “any criteria that specifies, defines, or prescribes the standards that accrediting agencies or associations shall use to assess any institution’s success with respect to student achievement.” Therefore, the Department is prohibited from requiring an agency to use any specific outcome metrics to assess an institution’s success with respect to student achievement. Department staff has asked the agency to discuss how it determined that its student achievement measures are sufficiently rigorous including any research conducted in establishing its measures.

List of Document(s) Uploaded by Analyst - Narrative
In the April 1, 2021, submission, the agency provided the Standards for Accreditation and Requirements of Affiliation (Ex. PP) as evidence of its compliance with this criterion. The Preamble to the Standards for Accreditation and Requirements of Affiliation (Ex. PP) “mandates that its member institutions meet rigorous and comprehensive standards, which are addressed in the context of the mission of each institution and within the culture of ethical practices and institutional integrity expected of accredited institutions.” In the April 1, 2021 submission, the agency described the requirements of affiliation (9 and 10) and the standards for accreditation (I through VII) that address the agency’s expectations for student learning outcomes and student achievement. The agency also has requirement of affiliation 8 requiring that an institution “systematically evaluates its educational and other programs and makes public how well and in what ways it is accomplishing its purposes.” The agency’s expectations for disclosure and transparency of student outcomes and achievement data are also seen in Standard II, criterion 8a and its Public Disclosures Policy and Procedures (Ex.PP) as discussed in the April 1, 2021, submission.

The agency’s Accreditation Review Cycle and Monitoring Procedures, as submitted in the April 1, 2021, submission (Ex. PP) describe the agency’s process for collecting and monitoring key data indicators. The agency utilizes multiple approaches to ongoing monitoring, which are used to identify any concerns or problems with an institution’s compliance with standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements (Section IV.A., Page 9). One of those approaches is the agency’s annual data collection process, called the Annual Institutional Update (AIU). The data collected in the AIU includes but is not limited to enrollment data, financial information, and measures of student achievement. The data submitted in the AIU are aggregated into trends for use in other accreditation activities and ongoing monitoring (Section IV.A., Page 9). The agency revised the Accreditation Review Cycle and Monitoring Procedures effective October 1, 2022, and the description and process remain unchanged (01-602.16-Accreditation-Review-Cycle-Procedures-Oct-1-2022, Section IV.A., Page 11).

Prior to the launch of the AIU, the agency posts updated data dictionaries which explain the data elements that are used and list the data source (01_602.16-Accreditation-Review-Cycle-Procedures-Oct-1-2022, Section IV.A.5., Page 11; 02-602.16_Annual Update Dictionary_Public_2022). The Accreditation Review Cycle and Monitoring Procedures continue to state that the Commission utilizes the Integrated Postsecondary Education System (IPEDS) as a primary data source (Page 11). For student achievement, the agency utilizes 150% graduation rate, 200% graduation rate, default rate, full-time retention rate, and part-time retention rate. The agency selected IPEDS data because the data are reviewed and validated through a three-step quality control process. In addition, the data indicators are well-established measures that are used in national, publicly available higher education data sources, such as the College Scorecard and College Navigator. Because the agency utilizes IPEDS data which are
validated, transparent, and widely used across higher education, it does not utilize any outside or third-party forms of verification directly related to student achievement data.

The Accreditation Review Cycle and Monitoring Procedures, effective October 1, 2022, continue to state that the agency will identify key data indicators and establish guidelines for identifying any concerns with the institution's compliance (01-602.16_Accreditation-Review-Cycle-Procedures-Oct-1-2022, Section IV.A.2., Page 11; Exhibit G – AIU Guidelines and Indicators). The agency revised the procedures to state that the Executive Committee of the Commission will review the indicators and guidelines on a regular basis to ensure validity and reliability (01-602.16-Accreditation-Review-Cycle-Procedures-Oct-1-2022, Section IV.A.3., Page 11). The agency’s selection of data indicators and guidelines for student achievement was informed by the Graduation Rate Information Project conducted by the Council of Regional Accrediting Commissions (C-RAC) in 2016-17. The agency has refined those measures through environmental scans of data sources and internal review. The agency explored the use of data from the National Student Clearinghouse and examined metrics in use by the Voluntary Framework of Accountability (VFA) and Student Achievement Measure (SAM). In 2018, the agency conducted an internal study of the AIU results for graduation rates, enrollment, and financial data, comparing current year data and two years prior. At that time, the agency used both the C-RAC benchmark and a change in graduation rate of four or more percentage points from the prior year as a trigger to capture an explanation from institutions, within the collection portal, of fluctuations in key metrics. Analysis of those explanations over two years, together with developing a deeper data set over time, enabled the agency to develop its indicators for two-year and four-year institutions and reset its guidelines more appropriately. The agency is providing samples of the AIU data collection in the following exhibits: 03-602.16_Cheyney_AIU Data Report; 04-602.16_Albany-Law_AIU-Data-Report; 05-602.16_TJU_AIU Data Report; 06-602.16_GWU_AIU-Indicators-Report-2021.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

The agency has submitted narrative and policy documentation related to its verification process of student achievement data. Although the agency does not utilize third-party vendors to verify the accuracy of student achievement data obtained in self-study reports, the agency does have a policy of having institutions submit enrollment, financial information, and student achievement data in the Integrated Postsecondary Education Data System (IPEDS) (Ex. 01-602.16). Built into the IPEDS system is a three-part validation process to ensure the accuracy of data. Additionally, the agency has discussed that IPEDS data is widely used across higher education and is a reliable form of student achievement data.

MSCHE has discussed how it determined its student achievement measures are sufficiently rigorous.

Effective October 2022, the agency revised its procedures to include a regular review of key indicators and guidelines. Additionally, the agency's data indicators and guidelines were established by the
Graduation Rate Information Project in 2017 and refined over the years. The agency used from the Voluntary Framework of Accountability and the Student Achievement Measure to refine its two- and four-year guidelines to what it currently uses. The additional information satisfies previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.16(a)(1)(ii)
Description of Criteria

(ii) Curricula.

Narrative:
The 2014 Standards for Accreditation and Requirements of Affiliation require institutions to meet three Requirements of Affiliation and three Standards (I, III, and V) that address curricula. Requirement of Affiliation #8 requires that “the institution systematically evaluates its educational and other programs and makes public how well and in what ways it is accomplishing its purposes.” Requirement of Affiliation #9 requires that “the institution’s student learning programs and opportunities are characterized by rigor, coherence, and appropriate assessment of student achievement throughout the educational offerings, regardless of certificate or degree level or delivery and instructional modality.” Requirement of Affiliation #15 relates to curricula by requiring that “the institution has a core of faculty (full-time or part-time) and/or other appropriate professionals with sufficient responsibility to the institution to assure the continuity and coherence of the institution’s educational programs.”

The quality of curricula is directly addressed in Standards I, III, and V. Most comprehensively, Standard III: Design and Delivery of the Student Learning Experience states that “An institution provides students with learning experiences that are characterized by rigor and coherence at all program, certificate, and degree levels, regardless of instructional modality. All learning experiences, regardless of modality, program pace/schedule, level and setting are consistent with higher education expectations.” It is an explicit requirement that an institution demonstrate consistent quality in all of its credential levels and in distance education or correspondence programs. The Standard’s requirements are spelled out in the criteria for the Standard. Criterion 1 requires institutions to address course content and sequencing and the need to differentiate degree levels: “An accredited institution possesses and demonstrates...certificate, undergraduate, graduate, and/or professional programs leading to a degree or other recognized higher education credential, of a length appropriate to the objectives of the degree or other recognized higher education credential, of a length appropriate to the objectives of the degree or other credential, designed to foster a coherent student learning experience and to promote synthesis of learning.” Criterion 6 also requires differentiation of degree levels when it states that institutions that offer graduate and professional education must provide “opportunities for the development of research, scholarship, and independent thinking, provided by faculty and/or other professionals with
credentials appropriate to graduate-level curricula.” Criterion 5 indicates that the curriculum of an undergraduate institution must include “a general education program, free standing or integrated into academic disciplines that...expands students’ cultural and global awareness and cultural sensitivity, prepares them to make well-reasoned judgments outside as well as within their academic field,” and provides them with opportunities to “acquire and demonstrate essential skills including at least oral and written communication, scientific and quantitative reasoning, critical analysis and reasoning, technological competency, and information literacy. Consistent with mission, the general education program also includes the study of values, ethics, and diverse perspectives...”

Standard V: Educational Effectiveness Assessment addresses, among numerous aspects of the curriculum, the correlation of an institution’s curriculum to its mission. It requires that an institution’s “assessment of student learning and achievement demonstrates that the institution’s students have accomplished educational goals consistent with their program of study, degree level, the institution’s mission, and appropriate expectations for institutions of higher education.”

The correlation of curriculum and mission is also clear in Standard I: Mission and Goals. Criterion 1.d. of Standard I states that “an accredited institution possesses and demonstrates...clearly defined mission and goals that...guide faculty, administration, staff, and governing structures in making decisions related to planning, resource allocation, program and curricular development, and the definition of institutional and educational outcomes.” (Exhibit PP - Standards, See Standard I, Criterion 1d., Page 4).

The Commission’s application of these requirements is demonstrated in Exhibit I-2a through I-2f, especially as follows: Exhibit I-2a-TJU_Self-Study_Report 2020 throughout Standard III (pp 29-47), Standard V (pp 76-98), and Standard I (pp 19-24), and in its Supplement, Exhibit I-2b, on pages 12-16 as well in the Appendices. The Team Visit Report, Exhibit I-2d, addresses the Commission’s requirements on pages 4-6, 10-14, and 19-21. Exhibit I-2c-TJU_IFCR, Exhibit I-2e-TJU_Team Visit Report Response, and Exhibit I-2f-TJU_Action Letter are also provided.

Exhibits I-1a through I-1e provide further evidence especially in Exhibit I-1a Albany Law_Self-Study_R under Standard III (pp 29-47); Standard I (pp 1-11, especially pp 3-7), and Standard V, which also addresses Requirements of Affiliation #8 and #9 (pp 58-73). Albany Law also provides a summary of findings and its own identified areas for further development related to Standard I on page vii, Standard III on page viii, and Standard V on page ix. The Team Visit Report, Exhibit I-1c, addresses these requirements on pages 2-3, 5-10, and 12-14. Exhibit I-1b_Albany Law_IFCR_R, Exhibit I-1d_Albany Law_Team Visit Report Response_R, and Exhibit I-1e_Albany Law_Action are also provided.

Cheyney University’s self-study materials (Exhibit I - Cheyney Self-Study_2014_R) are provided as directed by the USDE. Because Cheyney University’s self-study was reviewed and acted upon in 2014 under previous standards, policies and procedures, and requirements regarding applicable federal regulatory requirements, the self-study materials are not necessarily reflective of the Commission’s current standards and requirements of affiliation, policies and procedures, or verification of compliance with accreditation-relevant federal regulations.

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The agency attests and provides documentation (Ex. 61) of its Standards for Accreditation and Requirements of Affiliation (Ex. PP). As noted above, the agency has three Standards (I, III, and V) directly related to the quality of curriculum. Specifically, Standard I require accredited institutions to possess and demonstrate a clearly defined mission and goal that guide faculty, administration, staff, and governing structures in making decisions related to planning, resource allocation, program, and curricular development. Standard III requires institutions that offer undergraduate education, a general education program, free standing or integrated programs into academic disciplines, a curriculum designed so that students acquire and demonstrate essential skills including at least oral and written communication, scientific and quantitative reasoning, critical analysis and reasoning, technological competency, and information literacy. Standards V requires an accredited institution to possesses and demonstrate consideration and use of assessment results for the improvement of educational effectiveness consistent with the institutions mission, including improving pedagogy and curriculum. The agency has extensive and compliant standards and policy related to curriculum.
The agency also provided documentation (Ex. I, I1a, 12a) of self-study reports, in addition to team visit reports (Ex. I1c, I1d, I2e), and team visit report responses (Ex. I1d and 12e). Department Staff also conducted a file review in November, 2021 in addition to the documentation submitted in the petition, all of which assess the level to which these institutions are applying the standards noted above in accordance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.16(a)(1)(iii)
Description of Criteria

(iii) Faculty.

Narrative:

Reflecting the integral role of faculty within the institution, the Commission’s requirements for faculty are addressed throughout the Standards for Accreditation and Requirements of Affiliation.

In Requirement of Affiliation #15, institutions are required to have a core of faculty (full-time or part-time) and/or other appropriate professionals with sufficient responsibility to the institution to assure the continuity and coherence of the institution’s educational programs (Requirement of Affiliation #15) (Exhibit PP - Standards p 2-3).

Standard I: Mission and Goals, Criterion 1d requires that the institution possess clearly defined mission and goals that are developed through appropriate collaborative participation by all who facilitate or are otherwise responsible for institutional development and improvement. As stakeholders who have an important role in the institution’s achievement of its mission and goals, faculty would be appropriately involved in their development. Further, Standard I, Criterion d, refers specifically to institutional mission and goals guiding faculty (and others) in decision-making related to program and curricular development, and the definition of educational outcomes while Criterion e captures institutional responsibilities to support scholarly inquiry and creative activity (Exhibit PP - Standards p 4).

Standard II: Ethics and Integrity addresses institutional attributes associated with policies and procedures that support the academic integrity of institutions. Criterion 1 requires a commitment to academic freedom, intellectual freedom, freedom of expression, and respect for intellectual property rights. Criterion 2 requires a climate that fosters respect among students, faculty, staff, and administration from a range of diverse backgrounds, ideas, and perspectives. Criterion 3 requires
institutions publish a grievance policy that is documented and disseminated to address complaints or grievances raised by students, faculty, or staff and that those policies and procedures are fair and impartial, and assure that grievances are addressed promptly, appropriately, and equitably. Finally, Criterion 5 requires fair and impartial practices in the hiring, evaluation, promotion, discipline, and separation of employees. (Exhibit PP - Standards p 5-6)

Institutions must demonstrate that student learning experiences are designed, delivered, and assessed by faculty and/or other appropriate professionals in Standard III: Design and Delivery of the Student Learning Experience, Criterion 2. This Standard is designed to ensure that the institution have faculty who are...rigorous and effective in teaching [and] assessment of student learning; qualified for the positions they hold and the work they do, [who are] provided with and utilize sufficient opportunities, resources, and support...[and who are] reviewed regularly and equitably.” Criterion 6 specifically stipulates that graduate and professional faculty must possess “credentials appropriate to graduate-level curricula (Exhibit PP - Standards pp 7-8).

The Commission acknowledges the important role of faculty and other appropriate professionals in supporting students in achieving academic goals. Standard IV: Support of the Student Experience requires that the institution commits to student retention, persistence, completion, and success through a coherent and effective support system sustained by qualified professionals, which enhances the quality of the learning environment, contributes to the educational experience, and fosters student success. Criterion 1.c. requires “orientation, advisement, and counseling programs to enhance retention and guide students throughout their educational experience.” (Exhibit PP - Standards p 9)

In addition, faculty and/or other appropriate professionals, are expected to organize and conduct systematic assessments. Standard V, Criterion 2 requires “organized and systematic assessments, conducted by faculty and/or appropriate professionals, evaluating the extent of student achievement of institutional and degree/program goals.” Criterion 3 further requires “consideration and use of assessment results for the improvement of educational effectiveness. Consistent with the institution’s mission, such uses include some combination of the following... assisting students in improving their learning...improving pedagogy and curriculum...reviewing and revising academic programs and support services...improving key indicators of student success, such as retention, graduation, transfer, and placement rates...implementing other processes and procedures designed to improve educational programs and services.” (Exhibit PP - Standards pp 10-11)

Finally, in Standard VII: Governance, Leadership, and Administration, Criterion 1, the Commission requires “a clearly articulated and transparent governance structure that outlines roles, responsibilities, and accountability for decision making by each constituency, including governing body, administration, faculty, staff and students.”

The Commission’s application of these requirements is demonstrated in Exhibit I-2a through I-2f, especially as follows: Exhibit I-2a-TJU_Self-Study Report 2020_R under Standard I (pp 19-24), Standard II (pp 25-35), Standard III (pp 36-56), Standard IV (pp 57-75), Standard V (pp 76-98), and Standard VII (pp 113-121); Exhibit I-2b TJU_Supplement to Self-Study_R throughout the document; and Exhibit I-2d-TJU_Team Visit Report_R pages 4-21, and 25-28. Exhibit I-2c-TJU_ICFR_R, Exhibit I-2e-TJU_Team Visit Report Response_R, Exhibit I-2f-TJU_Action Letter are also provided.

Exhibits I-1a through I-1e provide further evidence especially in Exhibit I-1a Albany Law_Self-Study_R under Standard I (pp 10-11, especially pp 4-5), throughout Standard II, pages 12-28, (especially pp 12-15,
Cheyney University’s self-study materials (Exhibit I - Cheyney Self-Study_2014_R) are provided as directed by the USDE. Because Cheyney University’s self-study was reviewed and acted upon in 2014 under previous standards, policies and procedures, and requirements regarding applicable federal regulatory requirements, the self-study materials are not necessarily reflective of the Commission’s current standards and requirements of affiliation, policies and procedures, or verification of compliance with accreditation-relevant federal regulations.

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Analyst Worksheet- Narrative
Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests that number 15 of the Requirements of Affiliation require institutions to have a core of faculty (full-time or part-time) and/or other appropriate professionals with sufficient responsibility to the institution to assure the continuity and coherence of the institution’s educational programs. The agency further attests that its Standards (Ex. PP) sets forth requirements institutions must adhere to as it relates to faculty. Standard 1 requires institutions to possess clearly defined mission and goals that are developed through appropriate collaboration and participation with all who facilitate or are otherwise responsible for institutional development and improvement.

Standard II requires a commitment to academic freedom, intellectual freedom, freedom of expression, and respect for intellectual property rights, a climate that fosters respect among students, faculty, staff, and administration from a range of diverse backgrounds, ideas, and perspectives, and a published grievance policy that is documented and disseminated to address complaints or grievances raised by students, faculty, or staff and that those policies and procedures are fair and impartial, and assure that grievances are addressed promptly, appropriately, and equitably. Finally, Criterion 5 requires fair and impartial practices in the hiring, evaluation, promotion, discipline, and separation of employees.

Standard III requires faculty who are rigorous and effective in teaching/assessment of student learning and who are; qualified for the positions they hold and the work they do; utilize sufficient opportunities, resources, and support; possess credentials appropriate to graduate-level curricula.

Standard IV requires that the institution commits to student retention, persistence, completion, and success through a coherent and effective support system sustained by qualified professionals, and that orientation, advisement, and counseling programs enhance student retention and guide students throughout their educational experience.

Standard V requires staff to conduct systemic assessments which take into consideration the use of assessment results for the improvement of educational effectiveness including, assisting students in improving their learning, improving pedagogy and curriculum, reviewing, and revising academic programs and support services, and improving key indicators of student success.

Lastly, Standard VI requires institutions to have a clearly articulated and transparent governance structure that outlines roles, responsibilities, and accountability for decision making by each constituency, including governing body, administration, faculty, staff, and students. The agency has extensive and compliant standards and policy related to faculty.

As noted above, the agency also provided documentation (Ex. I, I1a, 12a) of self-study reports and Commission decision-letters. Department Staff conducted a file review in November, 2021 in addition to a review of the documentation submitted in the petition and determined that all documentation are at level to which these institutions are applying the Standards related to faculty noted above in accordance with this criterion.
Criteria: 602.16(a)(1)(iv)

Description of Criteria

(iv) Facilities, equipment, and supplies.

Narrative:
The 2014 Standards for Accreditation and Requirements of Affiliation address facilities, equipment, and supplies in Standard VI: Planning, Resources, and Institutional Improvement (Exhibit PP - Standards p 12). Standard VI requires that the institution possess and demonstrate (1) fiscal and human resources as well as the physical and technical infrastructure to support its operations wherever and however programs are delivered; (2) comprehensive planning for facilities, infrastructure, and technology that includes consideration of sustainability and deferred maintenance and is linked to the institution’s strategic and financial planning processes; (3) strategies to measure and assess the adequacy and efficient utilization of institutional resources required to support the institution’s mission and goals; and (4) periodic assessment of the effectiveness of planning, resource allocation, institutional renewal processes, and availability of resources.

The setting in which the learning experiences are provided also is addressed under Standard III: Design and Delivery of the Student Learning Experience which requires that “[A]ll learning experiences, regardless of modality, program pace/schedule, level, and setting are consistent with higher education expectations.”

The Commission’s application of these requirements is demonstrated in Exhibit I-2a through I-2f, especially as follows: Exhibit I-2a TJU_Self-Study Report 2020_R, especially pages 9-11 and 99-112; Exhibit I-2b TJU_Supplement to Self-Study_R pages 15-20; and Exhibit I-2d TJU_Team Visit Report_R on pages 22-24. Exhibit I-2c-TJU_ICFR_R, Exhibit I-2e-TJU_Team Visit Report Response_R, and Exhibit I-2f-TJU_Action Letter are also provided.

Exhibits I-1a through I-1e provide further evidence especially in Exhibit I-1a Albany Law_Self-Study_R pages 74-82 and Exhibit I-1c_Albany Law-Team Visit Report_R, Section C, pages 15-17. Exhibit I-1b-Albany Law_ICFR_R, Exhibit I-1d-Albany Law_Team Visit Report Response_R, and Exhibit I-1e_Albany Law_Action are also provided.

Cheyney University’s self-study materials (Exhibit I - Cheyney Self-Study_2014_R) are provided as directed by the USDE. Because Cheyney University’s self-study was reviewed and acted upon in 2014
under previous standards, policies and procedures, and requirements regarding applicable federal regulatory requirements, the self-study materials are not necessarily reflective of the Commission's current standards and requirements of affiliation, policies and procedures, or verification of compliance with accreditation-relevant federal regulations.

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Does not meet the requirements of this section

Staff Determination:

The agency must provide policy documentation related to the types of documentation it looks for in determining whether an institution has proper facilities in place to ensure student achievement.

Analyst Remarks to Narrative:

The agency attests that its Standards (Ex. PP Standards) sets forth expectations related to facilities, equipment, and supplies. Specifically, Standard VI requires fiscal and human resources as well as the physical and technical infrastructure to support its operations wherever and however programs are delivered; comprehensive planning for facilities, infrastructure, and technology that includes consideration of sustainability and deferred maintenance and is linked to the institution’s strategic and financial planning processes; strategies to measure and assess the adequacy and efficient utilization of institutional resources required to support the institution’s mission and goals; and periodic assessment of the effectiveness of planning, resource allocation, institutional renewal processes, and availability of resources.

Although the agency provided self-study reports, team visit report, team visit report responses, and Commission decision-letters (identified above) in addition to the documentation provided in the petition, Department Staff also conducted a file review in November 2021, and did not find supporting documentation of how the agency reviews documentation submitted by an institution to determine adherence to this criterion such as, the institution’s facilities and descriptions of the use(s) of available space; description of shared space and how such space promotes inter-professional interaction; an analysis of the quantity and quality of space available and plans to address identified inadequacies; policies and procedures related to site selection; or examples of quality improvements made to improve student learning outcomes as a result of site/facility assessment.
List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

To demonstrate its compliance with this criterion, the agency is now providing documentation which identifies the types of documents an institution submits to demonstrate its compliance with the standard related to facilities, equipment, and supplies (Ex PP – Standards for Accreditation, Standard VI, criterion 6). The agency utilizes templates and forms to uniformly collect documentation and provide guidance to the institution about the types of required evidence. Many of these documents are required throughout the accreditation review cycle. Examples are provided for self-study evaluations, application process, and substantive change requests.

During self-study evaluations, institutions submit evidence, by criterion, into the Evidence Inventory for review by peer evaluators, the agency’s committees, and Commissioners as part of the multi-level accreditation decision-making process. Compliance with Standard VI, in relation to facilities, equipment and supplies, is demonstrated through the analysis of facilities master plans, capital budget or capital expansion plans, feasibility studies, facilities condition analyses, deferred maintenance costs and plans, and space utilization studies. Two sample self-studies and their team reports are submitted as evidence to demonstrate the documentation submitted by an institution (01-602.16-Guttman_Self-Study-Standard VI-Excerpt; 02-602.16_Guttman_Team-Visit-Report_R; 03-602.16_Haverford_Self-Study-Standard VI-Excerpt; 04-602.16-Haverford_Team-Visit-Report_R). The agency’s procedures for the on-site evaluation visit require a tour of the main campus facilities as well as self-study site visits to all branch campuses and one-third of additional locations to verify the information provided in the written documentation. Interviews are conducted with students, faculty, the Board of Trustees, and administrators.

In November 2020, the agency began the process of reviewing the 2014 Standards for Accreditation and Requirements of Affiliation. One of the goals of that project is to develop further guidance on any identified data or evidence that institutions should submit under each standard to demonstrate compliance. The agency has developed a draft document which lists the required evidence by standard, which will be finalized and released following the changes to the standards (05-602.16-Required Evidence-by-Standard-DRAFT). This document is based on evidence the agency expects under the revised standards and aligns with evidence it has received and evaluated under the current standards.

During the application process, pre-applicant institutions complete the Accreditation Readiness Report template (ARR) which requires the following evidence to demonstrate compliance with Standard VI:
physical facilities documentation, a thorough description of physical facilities including space for instruction, library, student support services, and administrative services; appropriate documentation regarding ownership (titles, mortgages, liens), and rental and lease agreements (contracts); copies of insurance policies currently in force (fire, casualty, and liability); and capital facilities master plan. The agency provides the following exhibit as evidence of the required evidence for the application process (06-602.16_PSON_Accreditation Readiness Report-2022-Standard VI-Excerpt). The submission of the ARR follows the pre-applicant site visit where at least one Commission representative would have visited on-site to verify information submitted to the Commission.

In the substantive change review process, institutions must provide information related to organizational capacity to demonstrate compliance with Standard VI. The required request form to establish, relocate, or reclassify a branch campuses or additional location, or relocate the main campus lists the following examples of evidence, organized by standard: needs analysis, projections of costs and revenues, list of faculty/staff, organizational chart, three-year financial projections, and three-year enrollment projections (07-602.16_10b-Sub-Change-Request-Form-Add-Loc). Peer evaluators determine whether the institution demonstrated that it can provide appropriate facilities, equipment, and technology at the location and that the change does not adversely affect the institution’s compliance with the agency’s standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements (08-602.16_Substantive-Change-Review-Report-Template). The agency’s procedures require a site visit to verify the evidence submitted in the substantive change request (09-602.16_RCSJ_CSC-Site-Visit-Report_R, Pages 2-3). While on-site for a substantive change visit, the Commission representative tours the facilities and conducts interviews with constituents. In addition, institutions must also demonstrate that there are adequate facilities, equipment and technology for a new program at a higher credential level (10-602.16_Increase-in-Credential-Level-Form).

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

MSCHE has provided narrative and documentation to demonstrate what it looks for in determining whether an institution has proper facilities to ensure student achievement (Ex. 05.602.16). The agency looks at an institution's description of physical facilities (including space for instruction, library, student support services, and administrative services); documentation regarding ownership (titles, mortgages, liens), and rental and lease agreements (contracts); copies of insurance policies currently in force (fire, casualty, and liability); capital facilities master plan; information technology master plan; facilities condition analyses; deferred maintenance costs and plans; space utilization studies; and capital budget and expenditures (Ex. 05-602.16).
The agency also provided self-study reports (excerpts of the pertinent Standard VI) and site visit team reports for three institutions that, taken together, demonstrate how the MSCHE evaluates facilities, equipment, and supplies in practice.

Additionally, in October 2022 Department staff observed the virtual site visit team interview various stakeholder groups regarding Standard VI and the adequacy of the institution’s facilities.

The additional information resolves previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.16(a)(1)(v)

Description of Criteria

(v) Fiscal and administrative capacity as appropriate to the specified scale of operations.

Narrative:
Institutions must demonstrate documented fiscal and human resources to assure financial stability and ongoing operations. The Standards for Accreditation and Requirements of Affiliation address fiscal capacity under two Requirements of Affiliation and one Standard. Administrative capacity is addressed through two requirements of affiliation and two standards. Regarding fiscal capacity, Requirement of Affiliation #11 requires that an institution “has documented financial resources, funding base, and plans for financial development, including those from any related entities (including without limitation systems, religious sponsorship, and corporate ownership) adequate to support its educational purposes and programs and to ensure financial stability. The institution demonstrates a record of responsible fiscal management, has a prepared budget for the current year, and undergoes an external financial audit on an annual basis.” (Exhibit PP - Standards)

Fiscal capacity and stability are further addressed in Standard VI: Planning, Resources, and Institutional Improvement. The criteria of Standard VI describe an accredited institution as possessing “a financial planning and budgeting process that is aligned with the institution’s mission and goals, evidence-based, and clearly linked to the institution’s and units’ strategic plans/objectives” (Criterion 3); “fiscal and human resources as well as the physical and technical infrastructure adequate to support its operations wherever and however programs are delivered” (Criterion 4); “well-defined decision-making processes and clear assignment of responsibility and accountability” (Criterion 5); and demonstrates “periodic assessment of the effectiveness of planning, resource allocation, institutional renewal processes, and availability of resources” (Criterion 9).

Administrative Capacity is addressed under Requirements of Affiliation #12 and #15, and under Standard
VI: Planning, Resources, and Institutional Improvement and Standard VII: Governance, Leadership, and Administration. Requirement of Affiliation #12 requires that the institution “fully discloses its legally constituted governance structure(s), including any related entities...The institution’s governing body is responsible for the quality and integrity of the institution and for ensuring that the institution’s mission is being accomplished.” Requirement of Affiliation #15 expects that the institution “has a core of faculty (full-time and part-time) and/or other appropriate professionals with sufficient responsibility to the institution to assure the continuity and coherence of the institution’s educational programs.” (Exhibit PP - Standards)

The Commission’s expectations are fully addressed in Standard VI: Planning, Resources, and Institutional Improvement and Standard VII: Governance, Leadership, and Administration. Standard VI: Planning, Resources, and Institutional Improvement, Criteria 4 and 5 respectively, requires “fiscal and human resources as well as the physical and technical infrastructure adequate to support its operations wherever and however programs are delivered; and well-defined decision-making processes and clear assignment of responsibility and accountability.” Standard VII states “[T]he institution is governed and administered in a manner that allows it to realize its stated mission and goals in a way that effectively benefits the institution, its students, and the other constituencies it serves. Even when supported by or affiliated with governmental, corporate, religious, educational system, or other unaccredited organizations, the institution has education as its primary purpose, and it operates as an academic institution with appropriate autonomy.” This standard is further defined in Criteria 1, which requires that an institution possess “a clearly articulated and transparent governance structure that outlines roles, responsibilities, and accountability for decision-making by each constituency, including governing body, administration, faculty, staff and students.” Standard VII Criteria 4 requires “an administration possessing or demonstrating: (a) an organizational structure that is clearly documented and that clearly defines reporting relationships; (b) an appropriate size and with relevant experience to assist the Chief Executive Officer in fulfilling his/her roles and responsibilities; (c) members with credentials and professional experience consistent with the mission of the organization and their functional roles...(f) systematic procedures for evaluating administrative units and for using assessment data to enhance operations.”

The Commission’s application of these requirements is demonstrated in Exhibit I-2a through I-2f, especially as follows: Exhibit I-2a-TJU_Self-Study Report 2020_R, especially Standard VI (pp 99-112) and Standard VII (pp 113-121); Exhibit I-2b-TJU_Supplement to Self-Study_R on pages 15-16 and 20; and Exhibit I-2d TJU_Team Visit Report_R on pages 22-28. Exhibit I-2c-TJU_IFCR_R, Exhibit I-2e-TJU_Team Visit Report Response_R, Exhibit I-2f-TJU_Action Letter are also provided.

Exhibits I-1a through I-1e provide further evidence especially in Exhibit I-1a_Albany Law_Self-Study_R Standard VI, pages 74-82 and Standard VII pages 83-89, and in Exhibit I-1c_Albany Law_Team Visit Report_R, Section C, pages 15-19. Exhibit I-1b-Albany Law_IFCR_R, Exhibit I-1d_Albany Law_Team Visit Report Response_R, Exhibit I-1e_Albany Law_Action_R are also provided.

Cheyney University’s self-study materials (Exhibit I - Cheyney Self-Study_2014_R) are provided as directed by the USDE. Because Cheyney University’s self-study was reviewed and acted upon in 2014 under previous standards, policies and procedures, and requirements regarding applicable federal regulatory requirements, the self-study materials are not necessarily reflective of the Commission’s current standards and requirements of affiliation, policies and procedures, or verification of compliance with accreditation-relevant federal regulations.
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Analyst Worksheet- Narrative

Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation related to the specific documents it reviews when evaluating an institution’s adherence to fiscal and administrative capacity.

Analyst Remarks to Narrative:

The agency attests that its Standard (Ex. PP Standards) sets forth fiscal expectations of institutions. Specifically, Standard VI requires institutions to have a financial planning and budgeting process that is aligned with the institution’s mission and goals, that it is evidence-based, and clearly linked to the institution’s and units’ strategic plans/objectives; for the institution to have fiscal and human resources, as well as, the physical and technical infrastructure adequate to support its operations; well-defined decision-making processes and clear assignment of responsibility and accountability; and to demonstrate periodic assessment of the effectiveness of planning, resource allocation, institutional renewal processes, and availability of resources.

As it relates to an institution’s administrative capacity, the Requirements of Affiliation require the institution’s governing body to be responsible for the quality and integrity of the institution and for ensuring that the institution’s mission is being accomplished and for the institution to have a core faculty of either full-time or part-time and/or other appropriate professionals with sufficient responsibility to the institution to assure the continuity and coherence of the institution’s educational programs (Ex. PP Standards).

As noted above, the agency also provided documentation (Ex. I, I1a, I2a) of self-study reports, in addition to team visit reports (Ex. I1c, I1d, I2e), and team visit report responses (Ex. I1d and I2e) all of which assess the level to which these institutions are applying the Standards related to fiscal and administrative capacity; however, the agency did not provide the rubric or a list of documents it utilized to ascertain whether the above mentioned Standards are adhered to. As it stands, each institution
provides the documents it wants to be evaluated against without any routine/standardized documents the agency requires of all its institutions.

Finally, Department Staff conducted a file review in November, 2021 in addition to the documentation provided in the petition to assess the application of its Standards, policies, and procedures as aligned with the self-study reports and Commission decision-letters to determine compliance with the requirements of this section.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

To demonstrate its compliance with this criterion, the agency is now providing documentation which identifies the types of documents an institution submits to demonstrate its compliance with Standard VI: Planning, Resources, and Institutional Improvement and Requirements of Affiliation 11 and 15 (Page 3) as they relate to fiscal and administrative capacity (Ex. PP Standards for Accreditation, Standard VI, Criteria 3, 4, 7, and 8, Page 10). Many of these documents are required throughout the accreditation review cycle. The agency utilizes templates and forms to uniformly collect documentation and provide guidance to the institution about the types of required information. Examples are provided for self-study evaluation and the application process.

During self-study evaluation, institutions submit evidence, by criterion, into the Evidence Inventory for review by peer evaluators, the agency’s committees, and Commissioners as part of the multi-level accreditation decision-making process. Compliance with Standard VI Planning, Resources, and Institutional Improvement and Requirements of Affiliation 11 and 15, as they relate to fiscal and administrative capacity, is demonstrated through the analysis of the following evidence: audited financial statements, master plans, strategic plans, organizational charts, capital budgets, budgets and budget projections, and unit or division reports. The agency is also providing the list of documents submitted into the Evidence Inventory by two of the institutional examples included in the April 1, 2021 submission (01-602.16_Albany Law_Evidence-Inventory (02-602.16_TJU_Evidence-Inventory).

In November 2020, the agency began the process of reviewing the 2014 Standards for Accreditation and Requirements of Affiliation. One of the goals of that project is to develop further guidance on any identified data or evidence that institutions should submit under each standard to demonstrate compliance. The agency has developed a draft document which lists the required evidence by standard, which will be finalized and released following the changes to the standards (03-602.16_Required
Evidence-by-Standard-DRAFT). This document is based on evidence the agency expects under the revised standards and aligns with evidence it has received and evaluated under the current standards.

The agency provides training to support institutions with the identification and use of appropriate documentation during the Self-Study Institute and again through additional training opportunities by agency staff and representatives from member institutions (04-602.16_SSI-Training_Identifying and Organizing Evidence for the Inventory).

The agency also uniformly collects data or evidence in the Annual Institutional Update (AIU) which is used as evidence in reviews throughout the accreditation review cycle. All institutions are required to submit specific financial data every year in the Annual Institutional Update (AIU) according to control type (public, for-profit, and non-profit) and are described in the respective data dictionaries (05-602.16_AIU-Data Dictionary-Public; 06-602.16_AIU-Data-Dictionary-For-Profit; 07-602.16_AIU-Data-Dictionary-Non-Profit). The data comprise the current and prior year indicators and guidelines selected by the Commission to assess financial health (Ex. G - Indicators_Guidelines, Page 3) The institution is also required to upload the following documents: audited financial statements, management letters, bond ratings for new debt issues, title IV compliance audits, financial audits from parent corporations, and USDE composite score letters. The uploaded documents are available in the secure MSCHE portal for decision-making at the Committee on Evaluation Reports and the Commission level (08-602.16_Albany-Law-AIU-Uploaded-Documents; 09-602.16_TJU_AIU-Uploaded-Documents).

The agency also uniformly collects data and evidence within the Institutional Federal Compliance Report template. The Verification of Compliance with Accreditation-Relevant Federal Regulations (VOC) process requires the institution to submit documentation as appropriate to control type. For example, all institutions that participate in title IV submit the most recent three-year Official Cohort Default Rate and any Final Program Review Determination Letter or Expedited Determination Letter received since the institution's last VOC review. Non-profit and for-profit institutions submit Financial Responsibility Composite Scores for the three most recent fiscal years (10-602.16-HFCN_IFCR_Apr-02-2021). The Department does not calculate financial responsibility composite scores for public institutions.

During the application process, pre-applicant institutions complete an Accreditation Readiness Report (ARR) template which requires the following evidence to demonstrate compliance with Standard VI: two most recent externally-audited financial statements, including management letters (and if applicable, SEC 10K filings or Form 990); financial plans, total institutional budget for revenues and expenditures, in detail, for the current fiscal year and the next five fiscal years; and human resources data (11-602.16_PSON Accreditation Readiness Report-2022-Standard VI Excerpt).
The above, specific to the agency’s required processes, illustrate how institutions provide consistent documentation to demonstrate compliance.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

As noted above, the agency has provided a list (Ex. 03-602.16) of the types of documents it reviews when evaluating each Standard.

Specific to this criterion and related to an institution’s fiscal and administrative capacity, the agency looks at an institution’s financial Ratios appropriate to institutional type; the three most recent externally audited financial statements, including management letters; budgeting policies and procedures (annual); detailed financial plans and total institutional budget for revenues and expenditures (for the current fiscal year and the next five fiscal years); and budget projections.

The agency also provided a list of documents submitted by two institutions that demonstrate the types of financial documents the agency receives (Ex. 01-602.16, Ex. 02-602.16).

The additional information resolves previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.16(a)(1)(vi)
Description of Criteria

(vi) Student support services.

Narrative:
Institutions are expected to demonstrate the ability to maintain effective student support services, including academic advising, that encourage student success, and those expectations are spread across a number of standards and requirements within the Standards for Accreditation and Requirements of
Affiliation. Requirement of Affiliation #8 states: “the institution systematically evaluates its educational and other programs and makes public how well and in what ways it is accomplishing its purposes.”

Requirement of Affiliation #9 states: “The institution’s student learning programs and opportunities are characterized by rigor, coherence, and appropriate assessment of student achievement throughout the educational offerings, regardless of certificate or degree level or delivery and instructional modality.”

Requirement of Affiliation #10 states: “Institutional planning integrates goals for academic and institutional effectiveness and improvement, student achievement of educational goals, student learning, and the results of academic and institutional assessments (Exhibit PP - Standards).

Standard III: Design and Delivery of the Student Learning Experience addresses student support services through its criteria which require “sufficient learning opportunities and resources to support both the institution’s programs of study and students’ academic progress (Criterion 4).

Standard IV: Support of the Student Experience requires that “across all educational experiences, settings, levels, and instructional modalities, the institution recruits and admits students whose interests, abilities, experiences, and goals are congruent with its mission and educational offerings. The institution commits to student retention, persistence, completion, and success through a coherent and effective support system sustained by qualified professionals, which enhances the quality of the learning environment, contributes to the educational experience, and fosters student success.” The expectations are further defined in the criteria supporting the standard. Criterion 1 requires: “(a) accurate and comprehensive information regarding expenses, financial aid, scholarships, grants, loans, repayment, and refunds; (b) a process by which students who are not adequately prepared for study at the level for which they have been admitted are identified, placed, and supported in attaining appropriate educational goals; (c) orientation, advisement, and counseling programs to enhance retention and guide students throughout their educational experience.” Criterion 2 requires “policies and procedures regarding evaluation and acceptance of transfer credits, and credits awarded through experiential learning, prior non-academic learning, competency-based assessment, and other alternative learning approaches.” Criterion 5 requires “if applicable, adequate and appropriate institutional review and approval of student support services designed, delivered, or assessed by third-party providers.”

In Standard V: Educational Effectiveness Assessment, Criterion 3, the Commission also expects that, in its assessment of student learning and achievement, institutions demonstrate “consideration and use of assessment results for the improvement of educational effectiveness...Consistent with the institution’s mission” for uses that may include some combination of...(a) assisting students in improving their learning...(c) reviewing and revising academic programs and support services...(e) planning and budgeting for the provision of academic programs and services...(g) improving key indicators of student success, such as retention, graduation, transfer, and placement rates; (h) implementing other processes and procedures designed to improve educational programs and services.”

The Commission’s application of these requirements is demonstrated in Exhibit I-2a through I-2f, especially as follows: Exhibit I-2a-TJU_Self-Study Report 2020_R, especially Standard III (pp 36-56), Standard IV (pp 57-75), and Standard V (pp 76-98); in Exhibit I-2b-TJU_Supplement to Self-Study_R especially pages 8-15; and Exhibit I-2d TJU_Team Visit Report_R under Standard III on pages 10-14, Standard IV on pages 15-18, and Standard V on pages 19-21. Exhibit I-2e-TJU_Team Visit Report Response_R and Exhibit I-2f_TJU_Action Letter are also provided.

Exhibits I-1a through I-1e provide further evidence especially in Exhibit I-1a-Albany Law_Self-Study_R under Standard III (pp 29-47, especially pp 41-43); Standard IV (pp 48-57); and Standard V (pp 58-73),
and Exhibit I-1c-Albany Law_Team Visit Report_R Section C, pp 5-14. Exhibit I-1b-Albany Law_IFCR, Exhibit I-1d-Albany Law_Team Visit Report Response_R and Exhibit I-1e_Alban... are also provided.

Cheyney University’s self-study materials (Exhibit I - Cheyney Self-Study_2014_R) are provided as directed by the USDE. Because Cheyney University’s self-study was reviewed and acted upon in 2014 under previous standards, policies and procedures, and requirements regarding applicable federal regulatory requirements, the self-study materials are not necessarily reflective of the Commission’s current standards and requirements of affiliation, policies and procedures, or verification of compliance with accreditation-relevant federal regulations.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide its policy and/or procedure related to the types of documents it reviews to assess an institutions student support services.

**Analyst Remarks to Narrative:**

As discussed in its narrative and provided documentation the agency’s Standards for Accreditation and Requirements of Affiliation (Ex. PP) require institution’s to systematically evaluate its educational and other programs and makes public how well and in what ways it is accomplishing its purposes. The institution must also allow for student learning programs and opportunities that are characterized by rigor, coherence, and appropriate assessment of student achievement throughout the educational offerings, regardless of certificate or degree level or delivery and instructional modality. Lastly, Institutional planning must integrate goals for academic and institutional effectiveness and improvement, student achievement of educational goals, student learning, and the results of academic and institutional assessments. (Ex. PP Standards)

Standard IV requires the following: accurate and comprehensive information regarding expenses, financial aid, scholarships, grants, loans, repayment, and refunds; a process by which students who are not adequately prepared for study at the level for which they have been admitted are identified, placed, and supported in attaining appropriate educational goals; orientation, advisement, and counseling programs to enhance retention and guide students throughout their educational experience; policies and procedures regarding evaluation and acceptance of transfer credits, and credits awarded through experiential learning, prior non-academic learning, competency-based assessment, and other alternative learning approaches.
It is unclear to Department staff whether the agency uniformly looks at key documents to ensure institutions are adhering to this criterion. Department staff is concerned as to the types of documents reviewed by the agency to determine compliance with this criterion such as Student Services unit organizational charts; synopsis of curriculum vitae of Students Services administrative officer(s) and staff; student handbooks/catalogs that are distributed to students showing available student services; graduating student survey’s; or forms of student feedback.

Finally, Department Staff conducted a file review in November 2021 in addition to the documentation provided in the petition to assess the application of its Standards, policies, and procedures as aligned with the self-study reports and Commission decision-letters and determined that the agency must provide its policy and/or procedure related to the types of documents it reviews to assess an institutions student support services.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

To demonstrate its compliance with this criterion, the agency is now providing documentation which identifies the types of documents an institution submits to demonstrate its compliance with Standard IV: Support of the Student Experience (Ex. PP).

During self-study, institutions submit evidence, by criterion, into the Evidence Inventory for review by peer evaluators, the agency’s committees, and Commissioners as part of the multi-level accreditation decision-making process. Compliance with Standard IV is demonstrated through the analysis of student survey results, graduating student surveys, NSSE/CSSE results, retention rate analyses, unit program reviews and assessments (01-602.16_Guttman_Self-Study-Standard IV-Excerpt).

The agency utilizes templates and forms to uniformly collect documentation and provide guidance to institutions about the types of required information. The Institutional Federal Compliance Report template is used as evidence. The template requires institutions to submit the following documentation related to Standard IV: transfer of credit policies; policies or procedures for student complaints; and required information for students and the public that includes catalogs, student handbooks, disclosures of graduation, completion, and licensure pass rates, financial aid policies such as Satisfactory Academic Progress (SAP), refund, withdrawal, leave of absence, and attendance (02-602.16_HFCN_IFCR_Apr-02-2021).

In addition, the agency revised the Transfer of Credit, Prior Learning, and Articulation Agreements Policy, Procedures, and Guidelines (03-602.16_Transfer-of-Credit-Policy; 04-602.16_Transfer-of-Credit-Procedures; 05-602.16_Transfer-of-Credit-Guidelines) which were effective July 1, 2022. The revised procedures (Page 3) now list specific evidence that must be submitted for review, including: policies and procedures on the decision-making process about acceptance and transfer of credit earned at other
institutions (regardless of modality); policies and procedures on the decision-making process on credits awarded through the assessment of experiential learning, prior non-academic learning (including military service), competency-based education, direct assessment, and other alternative learning approaches; URL and any other source of information where students and the public can access the policy and procedures with evidence that such information is regularly evaluated to ensure accuracy.

In November 2020, the agency began the process of reviewing the 2014 Standards for Accreditation and Requirements of Affiliation. One of the goals of that project is to develop further guidance on any identified data or evidence that institutions should submit under each standard to demonstrate compliance. The agency has developed a draft document which lists the required evidence by standard, which will be finalized and released following the changes to the standards (06-602.16_Required Evidence-by-Standard-DRAFT, Pages 6-7). This document is based on evidence the agency expects under the revised standards and aligns with evidence it has received and evaluated under the current standards.

During the application process, pre-applicant institutions complete the Accreditation Readiness Report (ARR) template which requires the following evidence to demonstrate compliance with Standard IV: documents and data about admissions; enrollment data; financial aid data; retention and graduation rates; and the student handbook (07-602.16_PSON_Accreditation-Readiness-Report-Standard IV-Excerpt).

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

As noted above, the agency has provided a list (Ex. 03-602.16) of the types of documents it reviews when evaluating each Standard.

Specific to this criterion and related to the student support services an institution offers its students, the agency looks at the Student Handbook and evidence of comprehensive student services, including academic and financial services, and, as appropriate, personal, transfer, admissions, and career counseling services.

The agency also provided two self-study reports demonstrating how MSCHE evaluates student support services in practice (Ex. 01-602.16, Ex. 02-602.16).

Additionally, in October 2022 Department staff observed the virtual site visit team interview a group of students regarding Standard IV and the adequacy of the institution’s student support services.

The additional information resolves previous Department staff concerns.
Criteria: 602.16(a)(1)(vii)
Description of Criteria

(vii) Recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising.

Narrative:
Institutions are expected to demonstrate quality recruiting and admissions materials and practices, accurate academic calendars, catalogs and publications, grading policies, and truthful advertising. The Standards for Accreditation and Requirements of Affiliation require institutions to meet three Standards addressing the areas covered in this regulatory criterion: Standard II: Ethics and Integrity Standard III: Design and Delivery of the Student Learning Experience, and Standard IV: Support of the Student Experience (Exhibit PP - Standards see pp 5, and 7-9).

Institutions must commit to ethics and integrity as central, indispensable, and defining hallmarks of effective higher education institutions through Standard II: Ethics and Integrity, which applies to all activities, including how the institution represents itself. Criterion 6 specifically requires “honesty and truthfulness in public relations announcements, advertisements, recruiting and admissions materials and practices, as well as in internal communications.”

In Standard III: Design and Delivery of the Student Learning Experience, criterion 3 addresses clarity of information provided to students about academic programs of study: “Academic programs of study that are clearly and accurately described in official publications of the institution in a way that students are able to understand and follow degree and program requirements and expected time to completion.”

In Standard IV: Support of the Student Experience, institutions are expected to “recruit and admit students whose interests, abilities, experiences, and goals are congruent with its mission and educational offerings.” In addition to these overarching references within Standard IV, specific criteria guide institutions to have “clearly stated, ethical policies and processes to admit, retain, and facilitate the success of students whose interests, abilities, experiences, and goals provide a reasonable expectation for success and are compatible with institutional mission.” In addition, criterion 1.b requires institutions to have “a process by which students who are not adequately prepared for study at the level for which they have been admitted are identified, placed, and supported in attaining appropriate educational goals.”

Additional Commission policies and procedures reinforce the criteria of the Standards relating to recruitment, admissions, academic calendars, catalogs, publications, grading, and advertising. In 2019 the Commission expanded and clarified its requirements through policy and procedures for institutions
to publicly disclose consumer information in a manner that is honest and truthful. Required disclosures include student achievement data, information about its educational programs including catalogs, academic calendars, and completion requirements, and relevant policies and/or procedures including credit hour, transfer of credit, admissions, complaints or grievances, and grading (Exhibit PP – Public Disclosures Policy; Exhibit PP – Public Disclosures Procedures, see Sections II.C. and II.D., p 2, and Section II.G., p 3).

In addition to the requirements, standards, and policies, institutions verify compliance with accreditation-relevant federal regulations during the self-study process. Verification of Compliance with Accreditation-Relevant Federal Regulations captures the Commission’s requirements and includes references to all relevant federal regulations as well as Commission policies and procedures. As stated in the Introduction to Verification of Compliance, the MSCHE, “as a federally recognized accreditor, verifies institutional compliance with accreditation-relevant federal regulations developed by the United States Department of Education (USDE) at the time of self-study evaluation and at any other time required by the Commission.” Four of the eight areas addressed in Verification of Compliance include transfer of credit policies and articulation agreements, student complaint policies and procedures, student achievement data and other information required under Student Right to Know, written arrangements with third-party education providers, and credit hour policies. Institutions provide evidence in the Institutional Federal Compliance Report as part of the self-study, and the evaluation team conducts further review and verification during its on-site visit. If the team cannot affirm ongoing compliance with all of the accreditation-relevant federal regulations, they are expected to identify each specific area and provide a brief narrative describing the evidence that is lacking in Section E of the Team Report. (Exhibit PP - Verification of Compliance 2020)

The Commission’s application of these requirements is demonstrated in Exhibit I-2a through I-2f, especially as follows: Exhibit I-2a-TJU_Self-Study Report 2020_R, especially Standard II (pp 25-35, especially 32-34), Standard III (pp 36-56, especially 36 and 46), Standard IV (pp 57-75); Exhibit I-2c-TJU_IFCR_R under Area 5 on pages 10-14; and Exhibit I-2d-TJU_Team Visit Report_R on pages 7-18. Exhibit I-2e-TJU_Team Visit Report Response_R and Exhibit I-2f-TJU_Action Letter are also provided.

Exhibits I-1a through I-1e provide further evidence especially in Exhibit I-1a-Albany Law_Self-Study_R as follows: Standard II (pp 12-28, especially pp 18-21, and 23-26), Standard III (pp 29-47), Standard IV (pp 48-57); Exhibit I-1b-Albany Law_IFCR_R under Area 5, pp 11-15; and I-1c-Albany Law_Team Visit Report_R Section C, pp 10-12 and Section E, page 20. Exhibit I-1d-Albany Law_Team Visit Report Response_R and Exhibit I-1e-Albany Law_Action are also provided.

Cheyney University’s self-study materials (Exhibit I - Cheyney Self-Study 2014_R) are provided as directed by the USDE. Because Cheyney University’s self-study was reviewed and acted upon in 2014 under previous standards, policies and procedures, and requirements regarding applicable federal regulatory requirements, the self-study materials are not necessarily reflective of the Commission’s current standards and requirements of affiliation, policies and procedures, or verification of compliance with accreditation-relevant federal regulations.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

As noted in the narrative, the agency provided its standards related recruiting and admission practices, academic calendars, catalogs, publication, grading, and advertising. (Ex. PP Standards) Specifically, Standard II of the Standards for Accreditation Requirements of Affiliation require honesty and truthfulness in public relations announcements, advertisements, recruiting and admissions materials and practices. Standard III requires academic programs of study to have clear and accurate descriptions in official publications of the institution in a way that students can understand and follow degree and program requirements, including expected time to completion. Standard IV requires institutions to have
clearly stated, ethical policies and processes to admit, retain, and facilitate the success of students whose interests, abilities, experiences, and goals provide a reasonable expectation for success and are compatible with institutional mission. Stand IV also requires institutions to have a process in place by which students who are not adequately prepared for study at the level for which they have been admitted are identified, placed, and supported in attaining appropriate educational goals. (Ex. PP Standards)

As part of the self-study evaluation, the agency requires institutions to also submit a Verification of Compliance (Ex. PP Verification of Compliance). The Commission must confirm that institutions make available to enrolled and prospective students, and the general public in catalogs, handbooks, and other publications, fair, accurate, and complete information in the following areas academic calendars, grading, admissions, academic program requirements, program completion requirements, cost of attendance, completion and graduation rate information, retention rates, placement rates and student employment after graduation, and more. An institution demonstrates compliance with this requirement by providing URLs, catalogs, student handbooks, and other public locations on the institution's website. The agency has extensive and compliant standards and policy related to this criterion.

Additionally, the institution must provide an explanation as to how the institution verifies that the posted student outcome data are accurate. In addition to the agency providing documentation of self-study reports and Commission decision-letters (Ex. I, I1a, 12a), Department Staff conducted a file review in November, 2021 to assess additional documentation related to its Standard and polices related to an institutions recruiting practices, in addition to team visit reports (Ex. I1c, I1d, 12e), and team visit report responses, and decision-letters (Ex. I1d and 12e) -- all of which assess the level to which these institutions are applying the Standards related to recruiting and other practices.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.16(a)(1)(viii)
Description of Criteria

(viii) Measures of program length and the objectives of the degrees or credentials offered.

Narrative:
Institutions are expected to address educational offerings, including objectives, program length, rigor, and coherence in Standard III: Design and Delivery of the Learning Experience and as further required in
Public Disclosures Policy and Procedures. Criterion 1 of Standard III: Design and Delivery of the Learning Experience requires that an institution demonstrate that “certificate, undergraduate, graduate, and/or professional programs leading to a degree or other recognized higher education credential [are of] a length appropriate to the objectives of the degree or other credential, designed to foster a coherent student learning experience and to promote synthesis of learning.” Additionally, Criterion 3 requires that these academic programs of study must be “clearly and accurately described in official publications of the institution in a way that students are able to understand and follow degree and program requirements and expected time to completion.” (Exhibit PP - Standards, p 7)

The Public Disclosures Policy and Procedures further guide institutions to ensure that institutions disclose consumer information to the public in manner that is honest and truthful. Under Section II.C., the Commission requires institutions to publicly disclose up-to-date and accurate information including catalogs, academic calendars and pertinent information about educational programs and courses, with required sequences of course offerings explicitly stated, program completion requirements, including length of time normally required to obtain a credential, any unique requirements for career paths, any relevant and applicable national and/or state requirements for eligibility for licensure or entry into the occupation or profession related to those degrees or programs, and a clear statement if a program does not make the graduate eligible to take required professional examinations in that field or to practice regulated professions. The Commission also verifies compliance through area 5 of the Verification of Compliance with Accreditation-Relevant Federal Regulations (Exhibit PP - Public Disclosures Policy; Exhibit PP - Public Disclosures Procedures; Exhibit PP - Verification of Compliance_2020).

The Commission’s application of these requirements is demonstrated in Exhibit I-2a through I-2f, especially as follows: Exhibit I-2a-TJU_Self-Study Report 2020_R, Standard III (pp 36-56); Exhibit I-2b-TJU_ICFR_R under Area 5 on pages 10-14; and Exhibit I-2d-TJU_Team Visit Report_R on pages 10-14 and Section E, page 29. Exhibit I-2e-TJU_Team Visit Report Response_R and Exhibit I-2f_TJU Action Letter are also provided.

Exhibits I-1a through I-1e provide further evidence especially in Exhibit I-1a-Albany Law_Self-Study_R Standard III (pp 29-47), Exhibit I-1b-Albany Law_ICFR_R Area 5, pp 11-15, and Exhibit I-1c-Albany Law_Team Visit Report_R Section C, pp 5-10 and Section E page 20. Exhibit I-1d-Albany Law_Team Visit Report Response_R and Exhibit I-1e_Albany Law_Action are also provided.

Cheyney University’s self-study materials (Exhibit I - Cheyney Self-Study_2014_R) are provided as directed by the USDE. Because Cheyney University’s self-study was reviewed and acted upon in 2014 under previous standards, policies and procedures, and requirements regarding applicable federal regulatory requirements, the self-study materials are not necessarily reflective of the Commission’s current standards and requirements of affiliation, policies and procedures, or verification of compliance with accreditation-relevant federal regulations.

Document(s) for this Section
As discussed in its narrative and provided documentation, the agency has standards for measuring program length and assessing the objectives of the degrees or credentials offered. The Standards (Ex. PP Standards) require institutions to have certificate, undergraduate, graduate, and/or professional programs leading to a degree or other recognized higher education credential that are a length appropriate to the objectives of the degree or other credential and designed to foster a coherent student learning experience and to promote synthesis of learning. The agency has extensive and compliant standards and policy related to this criterion.

As also noted above, the Verification of Compliance requires the Commission to confirm institution program completion requirements, including length of time normally required to obtain a credential and
the process the institution utilized to verify the length of academic period and compliance with credit hour requirements through course scheduling. (Ex. PP Verification of Compliance) Lastly, the agency provided documentation of self-study reports (Ex. I, I1a, 12a), in addition to team visit reports (Ex. I1c, I1d, 12e), and team visit report responses and Commission decision letters (Ex. I1d and 12e) all of which assess the level to which these institutions are applying these Standards.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.16(a)(1)(ix)
Description of Criteria

(ix) Record of student complaints received by, or available to, the agency.

Narrative:
Standard II: Ethics and Integrity, Criterion 3 requires institutions to ensure that they have: “a grievance policy that is documented and disseminated to address complaints or grievances raised by students, faculty, or staff. The institution’s policies and procedures are fair and impartial, and assure that grievances are addressed promptly, appropriately, and equitably.” As described in response to 602.16(a)(1)(vii), additional Commission policies reinforce the criteria of the Standards relating to complaints and grievance (Exhibit - Standards). Public Disclosures Policy and Procedures require that institutions publicly disclose information about itself and its educational programs and publicly disclose relevant policies and/or procedures including policies and/or procedures for complaints or grievances. (Exhibit PP - Public Disclosures Policy; Exhibit PP - Public Disclosures Procedures, see Sections II.D., p 2, and Section II.G., p 3). Area 4 of Verification of Compliance with Accreditation-Relevant Federal Regulations requires institutions to provide evidence demonstrating the URL and any other location where students and the public can access the policy or procedures and the public location of contact information for the institution’s accreditor and State approval or licensing entity and any other relevant State official or agency that would appropriately handle a student’s complaint. The self-study evaluation team conducts further review and verification during its on-site visit and includes any deficiencies in the final Team Report. During the team visit, institutions provide access to complaint files or provide analysis of the complaints showing those received and resolution. (Exhibit PP - Verification of Compliance_2020) The institution demonstrates this during the self-study process in the Institutional Federal Compliance Report (IFCR) (Exhibit F – IFCR) and the team verifies it as indicated in the Team Report template, section E (Exhibit F – Team Report Template_SS_2021).
In addition to the Commission’s expectations for institutional policies and procedures and as described under 602.23, the Commission has an established complaint policy and procedures for complaints involving its accredited and candidate institutions. The policy and procedures provide the Commission with information on institutional compliance with the standards for accreditation and requirements of affiliation, policies or procedures including Verification of Compliance with Accreditation-Relevant Federal Regulations, or the institution’s own policies or procedures. Complaints that are within the Commission’s purview are forwarded to the institution for response. As defined in the procedures, if the institutional response does not satisfactorily demonstrate compliance or the Commission otherwise concludes that a violation of its requirements has occurred, the Commission may initiate further proceedings as the circumstances warrant. If the institution is found out of compliance, the Commission may take any action under its Accreditation Actions Policy and Procedures. The Commission’s policy authorizes it to review incoming complaints under either this or the Third Party Comment policy. Third Party Comments are invited when institutions are undertaking self-study or follow-up activities, candidacy or grant of accreditation, and forwarded to the evaluation team or peer evaluator to consider as part of the accreditation materials.

The Commission’s application of these requirements is demonstrated in Exhibit I-2a through I-2f, especially as follows: Exhibit I-2a-TJU_Self-Study Report 2020_R especially Standard II, pages 29-30; Exhibit I-2b-TJU_IFCR_R under Area 4 page 9; and Exhibit I-2d-TJU_Team Visit Report R on pages 4-5 and Section E, page 29. Exhibit I-2e-TJU_Team Visit Report Response_R, and Exhibit I-2f-TJU_Action Letter are also provided.

Exhibits I-1a through I-1e provide further evidence in Exhibit I-1a-Albany Law_Self-Study Standard II (pp 12-28, especially 21-22, 25-27), Exhibit I-1b-Albany Law_IFCR, Area 4, pp 9-10, and Exhibit I-1c-Albany Law_Team Visit Report Section C, pp 4-5. Exhibit I-1d-Albany Law_Team Visit Report Response, and Exhibit I-1e_Alban Law_Action are also provided.

Cheyney University’s self-study materials (Exhibit I - Cheyney Self-Study_2014) are provided as directed by the USDE. Because Cheyney University’s self-study was reviewed and acted upon in 2014 under previous standards, policies and procedures, and requirements regarding applicable federal regulatory requirements, the self-study materials are not necessarily reflective of the Commission’s current standards and requirements of affiliation, policies and procedures, or verification of compliance with accreditation-relevant federal regulations.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide documentation of its review of student complaints submitted by institutions during the reporting period.

**Analyst Remarks to Narrative:**

As noted in the narrative, the agency provided its student complaint standards for ensuring students know how to file complaints with the institution. Standard II (Ex. PP Standards) requires institutions to have a grievance policy that is documented and disseminated to address complaints or grievances raised by students, faculty, or staff. The institution’s policies and procedures are fair and impartial, and assure
that grievances are addressed promptly, appropriately, and equitably. The agency’s Public Disclosures Procedures requires institutions to provide the URL of the site where publicly disclosed relevant policies and procedures are displayed including policies for complaints or grievances (Ex. PP Public Disclosures Policy). This information is then reviewed by the Commission during the Verification of Compliance at least once a year.

The agency provided documentation of self-study reports (Ex. I, I1a, 12a), in addition to team visit reports (Ex. I1c, I1d, 12e), and team visit report responses (Ex. I1d and 12e). The documentation did not indicate whether institutions had reported student complaints during the reporting year to apprise Department staff of number and extent of student complaints.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

In the April 1, 2021, submission, to demonstrate compliance with 602.16(a)(1)(ix), the agency provided narrative and evidence of the manner and process in which student complaints involving member and candidate institutions are received by the member institution and by the agency directly. The agency is now providing additional evidence of the manner in which it sets expectations for institutions and monitors institutional complaints.

The agency previously provided explanation of its Verification of Compliance with Accreditation Relevant Federal Regulations process, where member institutions report data pertaining to student complaints (Exhibit PP - Verification of Compliance_2020). The agency’s Verification of Compliance process is a requirement for member institutions during self-study evaluation. The agency’s Verification of Compliance #4 requires member institutions to verify its policies and procedures for handling student complaints, including verifying that the member institution provides “students or prospective students with contact information for filing complaints with its accreditor and with its State approval or licensing entity and any other relevant State official or agency that would appropriately handle a student’s complaints.” Additionally, during the self-study evaluation, institutions are required to demonstrate compliance with Standard II, criterion 3, which requires that the institution maintain “a grievance policy that is documented and disseminated to address complaints or grievances raised by students...” (Exhibit PP - Standards for Accreditation and Requirements of Affiliation, Page 5).

The agency provides institutions with training and guidance regarding the agency’s expectations relating to student complaints. Institutions are expected to be able to provide copies of policies and procedures pertaining to student complaints, information about who administers student complaints policies or procedures, timelines for how frequently the policies or procedures are reviewed, information about
how student complaints are tracked and analyzed, and documentation of the manner in which the institution uses student complaints data to make improvements.

The institution’s evidence for the management of student complaints is considered by agency representatives during evaluations through the multi-level decision-making process within the Verification of Compliance documentation as well as through Standard II (01-602.16-Institutional-Self-Study-Reports-Excerpted). If upon completion of the self-study evaluation, the agency determines that the institution is not in compliance with expectations for the student complaints process, the agency may take any action pursuant to its policies and procedures. In addition to the institution’s complaint process for students, the agency offers students an opportunity to file a complaint or third-party comment relating to violations of the agency’s Standard for Accreditation and Requirements of Affiliation (Ex. PP), which can include allegations that institutions violated their own policies and procedures.

The agency also monitors and tracks student complaints through its own Complaints Involving Member and Candidate Institutions Procedure (Exhibit PP - Complaints Involving Institutions Policy). The agency’s policy requires all complainants, including students, to first demonstrate that they have tried to resolve their complaint through the institution’s own complaints and grievance process (Section II, Page 1). Therefore, through this procedure, in addition to receiving student complaints directly, the agency effectively tracks a portion of the student complaints received by the member or candidate institution. Through the agency’s complaints process, the agency not only receives information through a student’s report of a complaint about the institution but also outreaches for the institution’s response (02-602.16_Sample Student Complaint_Redacted).

The agency maintains data pertaining to the number and extent of student complaints that it receives directly through the agency’s Complaints Involving Member and Candidate Institutions Procedures (Exhibit PP - Complaints Involving Institutions Policy). For the period of 2018-September 30, 2022, reflecting the agency’s recognition period, the agency received 275 complaints involving member and candidate institutions. Of those 290 complaints, 163 (or 56%) were student complaints. The agency further analyzes this data based upon the type and nature of the complaint received, including whether the student complaint involved an assertion that the institution violated its own policies and procedures. This information allows the agency to gather meaningful data and patterns regarding student complaints against member and candidate institutions. The agency has a number of options as initial steps for processing complaints it receives, including (1) treat them as third-party comments for institutions undergoing an accreditation review, which prompts evaluation by the team; (2) send the complaint to the institution for response; or (3) request supplemental information.
The agency recognizes that institutions may receive student complaints that are then resolved before they come to the attention of the agency or that are investigated and resolved by State licensing authorities, for which the agency receives the notification of resolution. The agency’s policies and procedures, monitoring expectations, its standards and requirements, and the number options for further investigating student complaints combine to create a holistic opportunity to be responsive to student concerns.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section
Analyst Remarks to Response

In response to previous Department staff concerns, MSCHE provided documentation of its response to student complaints that were submitted to the agency (Ex. 02-602.16). This additional information satisfies previous Department staff concerns as it indicates that there had been student complaints during the reporting period and informs Department staff of the way in which the agency responds to complaints in practice.

List of Document(s) Uploaded by Analyst - Response
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Criteria: 602.16(a)(1)(x)
Description of Criteria

(x) Record of compliance with the institution’s program responsibilities under title IV of the Act, based on the most recent student loan default rate data provided by the Secretary, the results of financial or compliance audits, program reviews, and any other information that the Secretary may provide to the agency; and

Narrative:
The obligation to review institutional compliance with program responsibilities is integrated throughout the expectations for membership in requirements, standards, policies and procedures, guidelines, and federal regulatory requirements. Requirement of Affiliation #5 requires that “the institution complies with all applicable government (usually Federal and state) policies, regulations, and requirements.” Standard II: Ethics and Integrity, Criterion 8 more specifically requires “compliance with all applicable
federal, state, and Commission reporting policies, regulations, and requirements to include reporting regarding: (a) the full disclosure of information on institution-wide assessments, graduation, retention, certification and licensure or licensing board pass rates; (b) the institution’s compliance with the Commission’s Requirements of Affiliation; (c) substantive changes affecting institutional mission, goals, programs, operations, sites, and other material issues which must be disclosed in a timely and accurate fashion; (d) the institution’s compliance with the Commission’s policies.” (Exhibit PP - Standards)

The Commission also verifies an institution’s record of compliance through the Verification of Compliance with Accreditation-Relevant Federal Regulations. Specifically, with regard to title IV program responsibilities, the handbook states: “Federal regulations, in accordance with 34 CFR §602.16(a)(1)(x), require the Commission to review the institution’s record of compliance with its program responsibilities under title IV of the Act, based on the most recent Student Loan Cohort Default Rate data provided by the Secretary, the results of financial or compliance audits, program reviews, and any other information that the Secretary may provide to the agency. The institution is responsible for ascertaining the complete institutional requirements under title IV.” (Exhibit PP – Verification of Compliance_2020, page 4). Evidence to demonstrate compliance includes: The most recent three-year Official Cohort Default Rate; Financial Responsibility Composite Scores for the three most recent fiscal years (private and proprietary institutions only); Letter or notification confirming the institution’s status as a public institution from an appropriate official from a state or other governmental agency with the legal authority to make such a designation (public institutions only); Final Program Review Determination Letter or Expedited Determination Letter and any major correspondence from the most recent program review since the institution’s last Verification of Compliance Review; Single Audit (OMB Circular A-128; OMB Circular A-133, 2 CFR 200 Subpart F; Uniform Guidance) on federal programs for the most recent three fiscal years available (non-profit institutions only); Relevant correspondence from the USDE, since the institution’s last Verification of Compliance Review, such as any actions to limit, suspend, or terminate the institution’s eligibility to participate in title IV programs, including institutional response, if applicable. Some MSCHE accredited institutions do not participate in the title IV programs. As stated in the instructions for the Institutional Federal Compliance Report, “[I]n the event one or more of these regulations do not apply to an institution, the institution shall indicate that fact and provide an explanation in the space provided. Otherwise, all applicant, candidate, and accredited institutions are expected to provide documentation for each of the requirements.” An example of the Commission’s application of this requirement and an institution’s explanation regarding those requirements that are not relevant is provided in Exhibit I – VOC Report_12FEB2020_R.

The Commission’s application of these requirements is demonstrated in Exhibit I-2a through I-2f, especially as follows: Exhibit I-2b-TJU_Supplement to Self-Study_R page 10; Exhibit I-2c-TJU_ICFR_R under Area 3 pages 7-8, and Area 5 on pages 10-14; Exhibit I-2d-TJU_Team Visit Report_R on pages 7-8, and Section E, page 29. Exhibit I-2e-TJU_Team Visit Report_R Response, and Exhibit I-2f-TJU_Action Letter are also provided.

Exhibits I-1a through I-1e provide further evidence in Exhibit I-1a-Albany Law_Self-Study_R on pages 22-26; Exhibit I-1b-Albany Law_ICFR_R, Area 3 on pages 7-8 and Area 5 on pages 10-15; Exhibit I-1c-Albany Law_Team Visit Report_R Section c, pages 15-17 and Section E page 20. Exhibit I-1d-Albany Law_Team Visit Report Response_R and Exhibit I-1e_Albany Law_Action are also provided.

Cheyney University’s self-study materials (Exhibit I - Cheyney Self-Study_2014_R) are provided as directed by the USDE. Because Cheyney University’s self-study was reviewed and acted upon in 2014 under different standards, policies and procedures, and requirements regarding applicable federal
regulatory requirements, the self-study materials are not necessarily reflective of the Commission's current standards.

Document(s) for this Section

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation related to how it evaluates institutional compliance with this criterion. Specifically, how the agency monitors institution Verification of Compliance reports (and submitted documents) to ensure the institution is in compliance with agency policy.

Analyst Remarks to Narrative:

The agency provided documentation of its Requirement of Affiliation requiring institutions comply with all applicable government (usually Federal and state) policies, regulations, and requirements. The agency’s Standards require compliance with all applicable federal, state, and Commission reporting policies, regulations, and requirements to include reporting regarding: the full disclosure of information on institution-wide assessments, graduation, retention, certification and licensure or licensing board pass rates; the institution’s compliance with the Commission’s Requirements of Affiliation; substantive changes affecting institutional mission, goals, programs, operations, sites, and other material issues
which must be disclosed in a timely and accurate fashion; the institution’s compliance with the Commission’s policies. The Verification of Compliance Federal regulations require the Commission to review the institution’s record of compliance with its program responsibilities under title IV of the Higher Education Act of 1964 as amended (HEA), based on the most recent Student Loan Cohort Default Rate data provided by the Secretary, the results of financial or compliance audits, program reviews, and any other information that the Secretary may provide to the agency. The institution is responsible for ascertaining the complete institutional requirements under the HEA.

To demonstrate compliance, the agency looks at the following: the three-year Official Cohort Default Rate; Financial Responsibility Composite Scores for the three most recent fiscal years (private and proprietary institutions only); Letter or notification confirming the institution’s status as a public institution from an appropriate official from a state or other governmental agency with legal authority to make such a designation (public institutions only); Final Program Review Determination Letter or Expedited Determination Letter and any major correspondence from the most recent program review since the institution’s last Verification of Compliance Review; Single Audit on federal programs for the most recent three fiscal years available (non-profit institutions only); Relevant correspondence from the USDE. All applicant, candidate, and accredited institutions are expected to provide documentation for each of the requirements, unless the regulations do not apply to the institution.

The agency provided documentation of an institutions Verification of Compliance (Ex. I); however, the agency did not provide its evaluation of this institution’s compliance in order for Department staff to evaluate how the agency monitors institutional compliance with this criterion. In addition, the agency’s policy appears not to require a review of cohort default rates or composite scores for public institutions. The agency must provide additional information on the data it relies on to evaluate and ensure that public institutions are proficiently administering federal student aid and are in compliance with institutional responsibilities under Title IV of the HEA.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

In the April 1, 2021, submission, the agency provided documentation of an institution’s Verification of Compliance but not the agency’s evaluation. The agency is now providing the team report to go with the institution’s report that was previously submitted (01-602.16-USMA Team Report, Page 4). In addition, the agency had provided two Institutional Federal Compliance Reports (IFCR) and Team Reports to demonstrate how MSCHE monitors institutional compliance with Title IV program responsibilities -Exhibit I1b-Albany Law_IFCR_R and Exhibit I1c-Albany Law_Team Visit Report_R; Exhibit I2c-TIJU_IFCR_R and Exhibit I2d-TIJU_Team Visit Report_R). As additional evidence, the agency is providing the same for Helene Fuld College of Nursing (02-a-602.16-HFCN_IFCR-Feb-9-202, 02-b-602.16-HFCN_IFCR_Apr-02-2021, and 03-602.16-HFCN_Team Report-Apr-2021, Page 20). Institutions are instructed to submit the Institutional Federal Compliance Report in the Evidence Inventory, and evaluation teams access those documents through the secure MSCHE portal. Following the team evaluation of compliance in these areas, including Cohort Default Rate, Financial Responsibility
Composite Scores (the Department does not calculate the scores for public institutions), letter or notification confirming the institution’s status as a public institution from an appropriate official from a state or other governmental agency with the legal authority to make such a designation (public institutions only), Final Program Review Determination Letter, and Single Audit, the inventory is then made available to the next level of decision-making for the Committee on Evaluation Reports. The agency also has the opportunity to evaluate compliance. The agency receives the evidence as part of the final level of decision-making, where compliance is yet again determined, and an action is taken. In the Helene Fuld College of Nursing example now being provided, the pending results of the program review by the USDE and concerns expressed in the institution’s audit with respect to student financial aid cited on page 16 of the Team Report, triggered additional monitoring by the agency as seen in the action (04-602.16-HFCN_Action).

All institutions participating in the Title IV student financial assistance programs are required to submit cohort default rates, regardless of control type, for as part of the agency’s Verification of Compliance with Accreditation-Relevant Federal Regulations (Ex. PP – Verification of Compliance, Page 4). This requirement includes public institutions. On an annual basis, the agency monitors the financial health of all member institutions through analysis of the results of the Annual Institutional Update (AIU), which includes composite scores. For-profit and non-profit institutions upload their Financial Responsibility Composite Scores, calculated and provided by the Federal Student Aid (FSA) Office of the U.S. Department of Education. Because composite scores are not provided by FSA for public institutions, the agency annually calculates a composite financial index for public institutions. For all institutions, including publics, the agency monitors change in net assets in accordance with agency financial indicators and guidelines (Exhibit G-AIU Indicators and Guidelines). Public, for-profit, and non-profit institutions are required to annually provide audited financial statements, title IV compliance audits (Single Audit), management letters, bond ratings for new debt issues, and financial audits from parent organizations, if applicable. Finally, the agency monitors all institutions, regardless of control type, with qualified audits and those institutions on Heightened Cash Monitoring. Evidence that the agency has taken action when such concerns arise is provided here (05-602.16-Cheyney Action_ HCM-Status and 06-602.16-SFC Action-Audit-Management-Letter).

If FSA alerts the agency to pending program participation reviews as well as the results of those reviews, the agency responds with information that the FSA office has requested (07-602.16-MSCHE_Confidential Response-USDE-Redacted) as well as may request Supplemental Information Reports (SIR) for others (08-602.16-Teachers-College-Columbia-U_NY_FPRD; 09-602.26_Teachers-College-Columbia-U_Request SIR-Mar-18-2022; and 10-602.16_Teachers-College-Columbia_U_SIR-May-2-2022). Finally, the agency requests SIRs when notified that one of its institutions has lost eligibility to participate in an FSA program. Two examples of SIRs and responses are provided related to the now discontinued Perkins Loan program from a non-profit institution and a public institution (11-602.16-Trinity-Wash-Univ_Perkins notice; 12-602.16_Trinity-Wash-Univ_Request SIR-May-12-2020; 13-602.16-Trinity-Wash-Univ_SIR-Sep-25-2022) and 14-602.16-Sullivan-CCC_NY_Loss of Perkins Elig—Default Rate; 15-602.16_Sullivan-CCC_Request SIR-Mar-16-2022; 16-602.16-Sullivan-CCC_SIR_May-2-2022).
As noted in the narrative, MSCHE has a policy and procedure for evaluating institutional compliance with title IV. The Verification of Compliance requires the Commission to review the institution’s record of compliance with its program responsibilities under title IV of the Act, based on the most recent Student Loan Cohort Default Rate data provided by the Secretary, the results of financial or compliance audits, program reviews, and any other information that the Secretary may provide to the agency. The institution is responsible for ascertaining the complete institutional requirements under title IV.

In response to Department staff concerns, the agency provided narrative and documentation to demonstrate how it monitors institution’s Verification of Compliance reports to ensure the institution is following agency policy. The agency submitted evaluation team reports and two Institutional Federal Compliance Reports showing the agency’s evaluation of this criterion in practice. The agency also provided documentation of its review of student complaints during a site visit (Ex. 11b Albany).

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.16(a)(2)
Description of Criteria

(2) The agency's preaccreditation standards, if offered, must--
   (i) Be appropriately related to the agency's accreditation standards; and
   (ii) Not permit the institution or program to hold preaccreditation status for more than five years before a final accrediting action is made.

Narrative:
The Commission’s requirements for institutions seeking preaccreditation status (Candidate for Accreditation Status) are consistent with those for institutions seeking the grant or reaffirmation of accreditation. As stated in the introduction to the Standards for Accreditation and Requirements of Affiliation, “[T]he Middle States Commission on Higher Education Accreditation Standards and Requirements of Affiliation are comprised of the enclosed seven standards and 15 requirements which
serve as an ongoing guide for those institutions considering application for membership, those accepted as candidate institutions, and those accredited institutions engaged in self-review and peer evaluation. Accredited institutions are expected to demonstrate compliance with these standards and requirements, to conduct their activities in a manner consistent with the standards and requirements, and to engage in ongoing processes of self-review and improvement.” (Exhibit PP – Standards, see p 1)

In 2020, the Commission codified policy and procedures for the application and candidacy (preaccreditation) process to capture the steps that institutions of higher education applying for candidate for accreditation status must undergo. The policy and procedures represent a rigorous, consistent, and equitable process where successful applicants demonstrate they meet Commission requirements (Exhibit PP - Application_Candidacy Review Cycle_Policy; Exhibit PP Application_Candidacy Review Cycle Procedures). The Commission’s Candidate for Accreditation Status is granted only to those institutions that can demonstrate compliance with standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements and are likely to attain accreditation. As stated in the Application Review Cycle and Monitoring Procedures Section IV.JJ, “The Commission will not permit an institution to hold Candidate for Accreditation status for more than five years before the grant of accreditation in accordance with federal regulation 34 CFR §602.16(a)(ii).” (Exhibit PP Application_Candidacy Review Cycle Procedures) Exhibits I1a-Albany Law_Self-Study_R, I1b-Albany Law_IFCR_R, I1c-Albany Law_Team Visit Report_R, I1d-Albany Law_Team Visit Report Response_R, and I1e-Albany Law_Action provide an example of a Candidate (preaccredited) institution that was granted accreditation following self-study during the period of recognition.

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests and provides documentation that its preaccreditation standards are the same as institutions seeking accredited status (Ex. PP Standards). The Standards for Accreditation and Requirements of Affiliation requires institutions considering application for membership, those accepted as candidate institutions, and accredited institutions must all comply with the agency’s Higher Education Accreditation Standards and Requirements of Affiliation. Additionally, the Commission will not permit an institution to hold Candidate for Accreditation status for more than five years before the grant of accreditation. (Ex. PP Application Candidacy Review Cycle Procedures)

The agency provided documentation of its preaccreditation process (including its decision letter) in accordance with this criterion and its own policies (Ex. 11a, 11b, 11c, 11d, 11e) which is analogous to that of accredited institutions.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.16(b-c)
Description of Criteria

(b) Agencies are not required to apply the standards described in paragraph (a)(1)(x) of this section to institutions that do not participate in title IV, HEA programs. Under such circumstance, the agency’s grant of accreditation or preaccreditation must specify that the grant, by request of the institution, does not include participation by the institution in title IV, HEA programs.

(c) If the agency only accredits programs and does not serve as an institutional accrediting agency for any of those programs, its accreditation standards must address the areas in paragraph (a)(1) of this section in terms of the type and level of the program rather than in terms of the institution.

Narrative:
MSCHE is an institutional accreditor, and all but only a few member institutions participate in the title IV programs. All member institutions, regardless of title IV status, are required to address the requirements established in Verification of Compliance with Accreditation-Relevant Federal Regulations and established in related Commission policy including Public Disclosure Policy and Procedures as noted in response to provisions under 602.16(a). Those institutions that do not participate in title IV programs are required to explain in the Institutional Federal Compliance Report why the specific provisions pertaining to cohort default rate, financial responsibility composite scores, or program review determinations do not apply. Exhibit G – Title IV Participation Report provides a list of institutions that do not have an OPEID. Exhibit I – VOC Report_12Feb2020_R demonstrates that the Commission applies all requirements regardless of title IV status.

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests that it is an institutional accreditor, and the majority of its institutions participate in Title IV programs. The programs that do not participate in Title IV, are still required to address the requirements contained in the Verification of Compliance as institutions that do participate in Title IV. The non-participating institutions must indicate why each provision such as cohort default rate, financial responsibility composite scores, or program review determinations do not apply to their specific institution.

The agency provided a list of institutions that do not participate in Title IV (Ex. G Title IV Participation Report) and a Verification of Compliance from a non-participating institution demonstrating the agency’s uniform application of this process (Ex. I VOC Report).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded
Criteria: 602.16(d)
Description of Criteria

(d)

(1) If the agency has or seeks to include within its scope of recognition the evaluation of the quality of institutions or programs offering distance education, correspondence courses, or direct assessment education, the agency’s standards must effectively address the quality of an institution’s distance education, correspondence courses, or direct assessment education in the areas identified in paragraph (a)(1) of this section.

(2) The agency is not required to have separate standards, procedures, or policies for the evaluation of distance education or correspondence courses.

Narrative:
The Commission’s Standards for Accreditation and Requirements of Affiliation apply to all institutions regardless of the institution’s modality; therefore, the Commission does not maintain separate standards, procedures, or policies for the evaluation of distance education, correspondence courses, or direct assessment education. The Commission’s Standards make clear that all learning experiences must be consistent. As stated in Requirement of Affiliation #9, the Commission expects that all “student learning programs and opportunities are characterized by rigor, coherence, and appropriate assessment of student achievement throughout the educational offerings, regardless of certificate or degree level or delivery and instructional modality.” Standard III: Design and Delivery of the Student Learning Experience further requires that “An institution provides students with learning experiences that are characterized by rigor and coherence at all program, certificate, and degree levels, regardless of instructional modality. All learning experiences, regardless of modality, program pace/schedule, level, and setting are consistent with higher education expectations.” Standard IV: Support of the Student Experience requires that “across all educational experiences, settings, levels, and instructional modalities, the institution recruits and admits students whose interests, abilities, experiences, and goals are congruent with its mission and educational offerings. The institution commits to student retention, persistence, completion, and success through a coherent and effective support system sustained by qualified professionals, which enhances the quality of the learning environment, contributes to the educational experience, and fosters student success.” (Exhibit PP – Standards, pp 6-7) Exhibit I1a-Albany Law_Self-Study Report_R, Exhibit I1b-Albany Law_IFCR_R, Exhibit I1c-Albany Law_Team Visit Report, Exhibit I1d-Albany Law_Team Visit Report Response_R, and Exhibit I1e-Albany Law_Action provides an example of the evaluation of an institution for which distance education is included in the scope of accreditation.
The agency attests that its Requirements of Affiliation are uniformly applied to distance education programs regardless of instructional modality. The Standards for Accreditation requires institutions provide students with learning experiences that are characterized by rigor and coherence at all program, certificate, and degree levels, regardless of instructional modality. All learning experiences, regardless of modality, program pace/schedule, level, and setting are consistent with higher education expectations. The Standards further require that across all educational experiences, settings, levels, and instructional modalities, the institution recruits and admits students whose interests, abilities, experiences, and goals are congruent with its mission and educational offerings and that the institution commits to student retention, persistence, completion, and success through a coherent and effective support system sustained by qualified professionals, which enhances the quality of the learning environment, contributes to the educational experience, and fosters student success.

The agency provided documentation of an institution’s self-study report (Ex. I1a), Federal Compliance report (Ex. I1b), Team Visit Report (Ex. I1c), agency decision letter (Ex. I1e), and Team Visit Report Response (Ex. I1d) to demonstrate compliance with this criterion.
Although not noted in the draft, the agency provided documentation of its review and policy of direct assessment.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.17(a)
Description of Criteria

The agency must have effective mechanisms for evaluating an institution’s or program’s compliance with the agency’s standards before reaching a decision to accredit or preaccredit the institution or program. The agency meets this requirement if the agency demonstrates that it--

(a) Evaluates whether an institution or program—
    (1) Maintains clearly specified educational objectives that are consistent with its mission and appropriate in light of the degrees or certificates awarded;
    (2) Is successful in achieving its stated objectives at both the institutional and program levels; and
    (3) Maintains requirements that at least conform to commonly accepted academic standards, or the equivalent, including pilot programs in §602.18(b);

Narrative:
The Middle States Commission on Higher Education (MSCHE), through accreditation, mandates that its member institutions meet rigorous and comprehensive standards, which are addressed in the context of the mission of each institution and within the culture of ethical practices and institutional integrity expected of accredited institutions. A clear mission, related goals, and periodic assessment of mission and goals to ensure they are relevant and achievable are a cornerstone of the Commission’s expectations and the lens through which institutions are evaluated. These expectations are defined throughout the Standards for Accreditation and Requirements of Affiliation and evaluations are conducted in the context of institutional mission. Institutional alignment with mission can be evaluated
across the standards and requirements, with several highlighted here: Requirement of Affiliation #7, Standard I (Exhibit PP - Standards, Mission and Goals, p 4), Standard III (Design and Delivery of the Student Learning Experience, p 7), and Standard V (Educational Effectiveness Assessment, p 10).

Requirement of Affiliation #7 requires that “The institution has a mission statement and related goals, approved by its governing board, that defines its purposes within the context of higher education.” Standard I: Mission and Goals builds on this fundamental principle requiring a stated mission and educational goals that focus on student learning and related outcomes. The standard states: “The institution’s mission defines its purpose within the context of higher education, the students it serves, and what it intends to accomplish. The institution’s stated goals are clearly linked to its mission and specify how the institution fulfills its mission.” The Standard I criteria further require: “(1) Clearly defined mission and goals that ... d. guide faculty, administration, staff, and governing structures in making decisions related to planning, resource allocation, program and curricular development, and the definition of institutional and educational outcomes...(2) Institutional goals that are realistic, appropriate to higher education, and consistent with mission; (3) Goals that focus on student learning and related outcomes and on institutional improvement; are supported by administrative, educational, and student support programs and services; and are consistent with institutional mission; and (4) Periodic assessment of mission and goals to ensure they are relevant and achievable.”

Using Standard III: Design and Delivery of the Student Learning Experience, institutions demonstrate that all programs leading to a credential have objectives appropriate to the degree or credential level. The standard states: “An institution provides students with learning experiences that are characterized by rigor and coherence at all program, certificate, and degree levels, regardless of instructional modality. All learning experiences, regardless of modality, program pace/schedule, level, and setting are consistent with higher education expectations.”

Institutions demonstrate their success at fulfilling educational objectives through the assessment of student learning and educational effectiveness as required under Standard V: Educational Effectiveness Assessment. The standard states: “Assessment of student learning and achievement demonstrates that the institution’s students have accomplished educational goals consistent with their program of study, degree level, the institution’s mission, and appropriate expectations for institutions of higher education.” Criterion 1 further requires institutions to have “clearly stated educational goals at the institution and degree/program levels, which are interrelated with one another, with relevant educational experiences, and with the institution’s mission.” Criterion 2 of Standard V requires “organized and systematic assessments, conducted by faculty and/or appropriate professionals, evaluating the extent of student achievement of institutional and degree/program goals. Institutions should: a. define meaningful curricular goals with defensible standards for evaluating whether students are achieving those goals.” Criteria 2b further requires the institution to collect and provide data on the extent to which they are meeting their goals. Criteria 3g requires the use of assessment results to improve educational effectiveness, consistent with the institution’s mission, including “improving key indicators of student success, such as retention, graduation, transfer, and placement rates.”

At the USDE’s direction, the Commission provides the self-study materials for Cheyney University in Exhibit I - Cheyney 2014 Self-Study. Because Cheyney University’s self-study was conducted and acted upon in 2014 under previous standards, the Commission also provides self-study materials for Thomas Jefferson University, which underwent self-study review and action in 2020-2021 (Exhibit I2a-TJU_Self-Study Report 2020).
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Analyst Worksheet- Narrative
Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation of its site visit reports and decision letters so Department staff can evaluate the full cycle of review for both institutions.

Analyst Remarks to Narrative:

The agency attests and provides documentation of its Standards of Accreditation (Ex. PP Standards) requires an institution's mission must defines its purpose within the context of higher education, the students it serves, and what it intends to accomplish. The institution's stated goals must be clearly linked to its mission and specify how the institution fulfills its mission. The Standards also require institutions to provide students with learning experiences that are characterized by rigor and coherence at all program, certificate, and degree levels, regardless of instructional modality. All learning experiences, regardless of modality, program pace/schedule, level, and setting are consistent with higher education expectations.

An assessment of student learning and achievement demonstrates that the institution's students have accomplished educational goals consistent with their program of study, degree level, the institution's mission, and appropriate expectations for institutions of higher education. An institution demonstrates compliance with these Standards by having clearly stated educational goals at the institution and degree/program levels, which are interrelated with one another, with relevant educational experiences, and with the institution's mission, in addition to organized and systematic assessments, conducted by faculty and/or appropriate professionals, designed to evaluate the extent of student achievement of institutional and degree/program goals.

The agency's Requirement of Affiliation require institutions to have a mission statement and related goals, approved by its governing board, that defines its purposes within the context of higher education. The agency has extensive and compliant standards and policy related to this criterion. The agency demonstrated how it evaluates compliance with this criterion with two institutions (Ex. I and Ex. I2a); however, the agency did not provide its site visit report and decision letters to fully apprise Department staff of its full cycle of review.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

In the April 1, 2021, submission, the agency provided the Standards for Accreditation and Requirements of Affiliation (Ex. PP Standards), the Cheyney Self Study Report (Ex. I), and the Thomas Jefferson Self Study Report (Ex. I2a) as evidence of its compliance with this criterion. The agency is now providing the full set of self-study documents from the three institutions included in the petition: Cheyney University,
Albany Law School of Union University, and Thomas Jefferson University. The documents which represent the full cycle of documentation for a self-study review include: (1) Self-Study Report, (2) Team Visit Report, (3) Institutional Response, (4) Institutional Federal Compliance Report, and (5) Action. The agency is resubmitting some documents that were included in the April 1, 2021 submission in order to provide a complete set for this criterion, but draws your attention to the specific items requested in the staff analyst report including the Team Visit Reports (01-d-602.17_Cheyney_Team Visit Report_R; 02-c-602.17_Albany Law_Team Visit Report_R; 03-d-TJU_Team Visit Report_R; and the Action Notifications or decision letters (01-f-602.17_Cheyney_Action; 02-e-602.17_Albany Law_Action; 03-f-602.17_TJU_Action).

For Cheyney University, the following documents are being submitted: 01-a-602.17_Cheyney_Self-Study-Report-2014_R; 01-b-602.17_Cheyney_VOC-Institution-Report_R; 01-c-602.17_Cheyney_VOC-Review-Report_R; 01-d-602.17_Cheyney_Team Visit Report_R; 01-e-602.17_Cheyney-Institutional Response_R; 01-f-602.17_Cheyney_Action.

For Albany Law School of Union University, the following documents are being submitted: 02-a-602.17_Albany Law_Self-Study Report-R; 02-b-602.17_Albany Law_IFCR_R; 02-c-602.17_Cheyney_VOC-Review-Report; 02-d-602.17_Albany Law_Team Visit Report; 02-e-602.17_Albany Law-Institutional Response; 02-f-602.17_Albany-Law_Action.

For Thomas Jefferson University, the following documents are being submitted: 03-a-602.17_TJU_Self-Study Report_R; 03-b-602.17_TJU_Supplement to Self-Study_R; 03-c-602.17_TJU_IFCR_R; 03-d-602.17_TJU_Team Visit Report_R; 03-e-602.17_TJU-Institutional Response_R; 03-f-602.17_TJU_Action.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

The agency has provided documentation to demonstrate its full cycle of review as requested by Department staff. The documentation includes self-study reports (Ex. 01-a, Ex. 02-a-602.17, Ex. 03-a-602.17, Ex. 03-b-602.17), team visit reports (Ex. 01-d-602.17, Ex. 02-c-602.17, Ex. 03-d-602.17), institutional responses (Ex. 01-e-602.17, Ex. 02-d-602.17, Ex. 03-e-602.17), Institutional Federal Compliance Reports (Ex. 01-b-602.17, Ex. 02-b-602.17, Ex. 03-c-602.17), and Commission actions (Ex. 01-f-602.17, Ex. 02-e-602.17, Ex. 03-f-602.17) for three institutions.

Additionally, in October 2022 Department staff observed a virtual site visit team interview institution stakeholders and later compile its team visit report based on the team’s observations of the institution.

The additional information resolves previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response
Criteria: 602.17(b)
Description of Criteria

(b) Requires the institution or program to engage in a self-study process that assesses the institution's or program's education quality and success in meeting its mission and objectives, highlights opportunities for improvement, and includes a plan for making those improvements;

Narrative:
The Commission's eight-year accreditation review cycle establishes the mechanisms the Commission uses to evaluate an institution and begins with the Self-Study Evaluation and On-Site Evaluation visit. The self-study is an in-depth and comprehensive institutional self-reflection that assesses the institution's educational quality and success in meeting its mission, identifies institutional priorities and opportunities for improvement and innovation. Through the self-study, each institution assesses and documents compliance with Commission requirements of affiliation, standards for accreditation, policies and procedures, and applicable federal compliance requirements. The process culminates in a Self-Study Report and supporting evidence which are reviewed by a team of peer evaluators and verified during the On-Site Evaluation Visit. Following the evaluation visit, institutions have the opportunity to respond in writing to the team's findings through an Institutional Response and the Commission conducts its own analysis of the materials through the Commission's multi-level decision making process. The Accreditation Review Cycle and Monitoring Policy and Procedures, revised in 2020, establishes components of the eight-year accreditation cycle and defines the specific steps that must be taken during the two-year self-study process. (Exhibit PP - Accreditation Review Cycle Policy; Exhibit PP – Accreditation Review Cycle Procedures)

In all of its engagement with institutions in self-study, the Commission encourages institutions to use the process not only to assess themselves against the Commission's requirements of affiliation and standards for accreditation but also in the context of their institutional goals or initiatives. The Commission's online Self-Study Guide establishes the fundamental purposes of self-study. Module Two states, "The self-study process should be valuable to an institution, enabling it to demonstrate that it meets the Commission’s expectations and to gain insights that will serve the institution well for several years after the Self-Study Report and On-Site Evaluation Visit have been completed. Self-study demonstrates an institution’s commitment to continuous improvement and is used to strengthen and sustain the institution. In addition, institutions should be prepared to engage in a careful analysis of institutional priorities that it has selected in the interest of identifying mission-related areas of improvement, responding effectively to challenges, and identifying and adopting innovative practices to more readily achieve institutional mission, adapt to changes in the higher education sector, and to best serve students and society." (Exhibit T - Self-Study Guide, see especially Module Two: Initiating the Self-Study Process; Access to virtual training materials will be available to the Staff Analyst during the File Review.)

Institutions can take either of two approaches to organize the self-study, a standards-based approach or
an institutional priorities-based approach. Both approaches to self-study require the institution to evaluate itself in the context of the institution’s mission using standards and requirements, which are themselves mission-centric, and to demonstrate how institutional-priorities align with institutional mission. With either approach, the Commission expects that the institution’s stated outcomes of the self-study demonstrate how the institution currently meets the Commission’s Standards for Accreditation and Requirements of Affiliation; focus on continuous improvement in the attainment of the institution’s mission and its institutional priorities; and engage the institutional community in an inclusive and transparent self-appraisal process that actively and deliberately seeks to involve members from all areas of the institutional community.

The Commission demonstrates its implementation of these requirements in the self-studies provided in Exhibit I2a- TJU_Self-Study Report 2020 and Exhibit I1a-Albany Law_Self-Study Report.

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

As noted in the narrative and supporting documentation (Ex. PP Accreditation Review) the agency has an established self-study policy to assess an institutions quality of education and success in meeting its mission and goals. Included within the agency’s eight-year accreditation review cycle is a Self-Study Evaluation and On-Site Evaluation visit which are self-reflection mechanism for institutions to evaluate their performance against agency policy, procedures, and Federal regulations.

To apprise institutions of its self-study policy, the agency published a Self-Study Guide (Ex. T) that walks institutions through the agency’s expectations and process. The agency has extensive and compliant standards and policy related to this criterion. The agency provided two institution’s self-study guides (Ex. I1a and I2a) as documentation of this process in accordance with this criterion.
Criteria: 602.17(c)

Description of Criteria

(c) Conducts at least one on-site review of the institution or program during which it obtains sufficient information to determine if the institution or program complies with the agency's standards;

Narrative:
Commission policy and procedures require at least one on-site review of the institution following submission of the Self-Study Report and supporting evidence (Exhibit PP - Accreditation Review Cycle Policy; Exhibit PP – Accreditation Review Cycle Procedures). As part of the Self-Study Report submission, institutions provide evidence of meeting each requirement of affiliation, standard for accreditation, policy and procedure, and applicable federal regulatory requirement. Peer evaluators may request additional evidence that is required to clarify information or verify compliance prior to arriving on-site. These additional materials are uploaded by the institution and become part of the accreditation materials reviewed at each stage of the multi-level decision-making process. During the on-site evaluation visit, peer evaluators will clarify the information provided in the Self-Study Report, verify evidence submitted by the institution, request additional evidence prior to and during the visit, and interview campus constituencies, including key administrators, governing board members, faculty, staff, students, and representatives of related entities, if applicable. At the conclusion of the visit, the team of peer evaluators conducts an oral exit report with institutional representatives to convey all findings about the institution's compliance. The team will develop a Team Report as a result of the visit as described under 602.17(f) (Exhibit PP – Accreditation Review Cycle Procedures, See especially II.I-BB; Exhibit F - Team Report Template_SS_2021).

The self-studies and team reports provided in Exhibit I2a–TJU_Self-Study_Report_R, Exhibit I2d-TJU_Team Visit Report, and Exhibit I1a–Albany Law Self-Study Report_R and Exhibit I1c-Albany Law_Team Visit Report_R serve as evidence of the Commission’s on-site evaluations. The Cheyney University Team Report also demonstrates the on-site evaluation by a team of peer evaluators and has been provided at the request of the USDE. The Commission notes that the evaluation was conducted in 2014 under the Commission’s previous standards and processes (Exhibit I-Cheyney 2014 Self-Study_R).

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Response:

The agency must submit the decision letters based on the self-study and team visit reports to apprise Department staff of the agency's full cycle of review.

Analyst Remarks to Narrative:

The agency has adopted policies and procedures which require at least one on-site review after its self-study report is submitted. The purpose for the on-site review is to verify information submitted in the self-study including, but not limited to, clarifying information provided in the Self-Study Report, verifying evidence submitted by the institution, requesting additional evidence prior to and during the visit, and interviewing campus constituencies, including key administrators, governing board members, faculty, staff, students, and representatives of related entities. (Ex. PP Accreditation Review Cycle Procedures, Ex. PP Accreditation Review Cycle Policy)

The agency provided self-study reports from three institutions (Ex. I, I1a, 12a), in addition to team visit reports (Ex. I1c, 12d); however, the agency did not include the decision letters associated with the self-study and team visit reports for Department staff to evaluate the full cycle of review.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

In the April 1, 2021, submission, the agency provided self-study reports from three institutions (Ex. I, I1a, 12a), in addition to team visit reports (Ex. I1c, 12d) as evidence of its compliance with this criterion. The agency is now providing the full set of self-study documents from the three institutions included in the petition: Cheyney University, Albany Law School of Union University, and Thomas Jefferson University. The documents which represent the full cycle of documentation for a self-study review include: (1) Self-Study Report, (2) Team Visit Report, (3) Institutional Response, (4) Institutional Federal Compliance Report, and (4) Action. The agency is resubmitting some documents that were included in the April 1, 2021 submission in order to provide a complete set for this criterion, but draws your attention to the
specific items requested in the staff analyst report including the Action Notifications, or decision letters (01-f-602.17_Cheyney_Action; 02-e-602.17_Albany Law_Action; 03-f-602.17_TJU_Action).

For Cheyney University, the following documents are being submitted: 01-a-602.17_Cheyney_Self-Study-Report-2014_R; 01-b-602.17_Cheyney_VOC-Institution-Report_R; 01-c-602.17_Cheyney_VOC-Review-Report_R; 01-d-602.17_Cheyney_Team Visit Report_R; 01-e-602.17_Cheyney-Institutional Response_R; 01-f-602.17_Cheyney_Action.

For Albany Law School of Union University, the following documents are being submitted: 02-a-602.17_Albany Law_Self-Study Report-R; 02-b-602.17_Albany Law_IFCR_R; 02-c-602.17_Cheyney_VOC-Review-Report; 02-d-602.17_Albany Law_Team Visit Report; 02-e-602.17_Albany Law-Institutional Response; 02-f-602.17_Albany-Law_Action.

For Thomas Jefferson University, the following documents are being submitted: 03-a-602.17_TJU_Self-Study Report_R; 03-b-602.17_TJU_Supplement to Self-Study_R; 03-c-602.17_TJU_IFCR_R; 03-d-602.17_TJU_Team Visit Report_R; 03-e-602.17_TJU-Institutional Response_R; 03-f-602.17_TJU_Action.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

The agency has provided decision letters related to the previously submitted self-study and site team visit reports. The site-visit reports (Ex. 01-d-602.17, Ex. 02-c-602.17, Ex. 03-d-602.17) are divided into each of the agency’s fourteen Standards along with the team’s summary of findings and non-binding suggestions for improvement. The additional decision letters (Ex. 01-f-602.17, Ex. 02-e-602.17, Ex. 03-f-602.17) allow Department staff to compare the agency’s decision with what was evaluated on-site and what the institution submitted in the self-study. The additional information resolves previous Department staff concerns as the decision letters provide an account of the agency’s full cycle of review in practice.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.17(d)
Description of Criteria
(d) Allows the institution or program the opportunity to respond in writing to the report of the on-site review;

Narrative:
Pursuant to the Accreditation Review Cycle and Monitoring Policy and Procedures, institutions have an opportunity to respond to the final Team Report in writing through an Institutional Response (Exhibit PP - Accreditation Review Cycle Policy; Exhibit PP - Accreditation Review Cycle Procedures, see p 5). The final Team Report makes clear the team’s judgment about whether the institution appears to be in compliance with each standard of accreditation, requirements of affiliation, policy and procedures, and applicable federal regulatory requirements. The Institutional Response is in the form of a letter addressed to the President of the Middle States Commission on Higher Education, and it is typically between 1 and 5 pages in length. Guidance is provided to institutions through Commission Policy and Procedures as they develop the Institutional Response, which reflects the following: (1) The institution will develop an Institutional Response that is brief, thoughtful, and forthright. It is an opportunity for the institution to react to the team’s findings and to acknowledge the team members for their time and expertise; (2) The institution may concur with the team’s findings or honestly and openly present significant differences in perceptions, interpretation, or major findings; (3) The institution should not attempt to influence the content or tone of the Team Report or suggest that the team alter the findings; (4) The institution may include additional evidence or focused documents to support its statement; (5) The institution will upload the Institutional Response directly to the secure MSCHE portal within established deadlines; and (6) The Commission must receive the Institutional Response by the established due date. Examples of Institutional Responses are provided in the Exhibit I2e-TJU_Team Visit Report Response, Exhibit I1d-Albany Law_Team Visit Report Response, and Exhibit I-Cheyney Self-Study 2014, pp 556-725.

Document(s) for this Section

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:
As noted in the narrative and supporting documentation (Ex. PP Accreditation Review Cycle Procedures) prior to the report being final, the agency has a policy which allows institutions to respond to the Site-Visit Team Report through an Institutional Response. The Institutional Response is in the form of a letter addressed to the President of the agency and is typically between 1 and 5 pages in length. The Institutional Response is an opportunity for the institution to respond the site-visit teams findings in a brief, thoughtful, and forthright manner. The response may concur or honestly and openly present difference with the site-visit team or include additional evidence to support its stance.

The agency provided self-study reports (Ex. I, I1a, 12a), in addition to team visit reports (Ex. I1c, 12d) to demonstrate compliance with this criterion. One of which, concurred with the site-visit team report and a second that disagreed with the site-visit team. Both responses allowed Department staff to gauge the agency’s adherence to this criterion.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.17(e)
Description of Criteria

(e) Conducts its own analysis of the self-study and supporting documentation furnished by the institution or program, the report of the on-site review, the institution’s or program’s response to the report, and any other information substantiated by the agency from other sources to determine whether the institution or program complies with the agency’s standards;

Narrative:
The Commission utilizes a multi-level decision-making process that relies on independent review at each level. In addition to the on-site visit in which a team of peer evaluators assesses the institution’s self-study against the accreditation standards, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements, the Commission’s Committee on Evaluation Reports also reviews the institution and then makes a recommendation to the Commission. The Commission considers all of the evidence before it and the Committee’s recommendation before an accreditation action is taken.

The Committee on Evaluation Reports, led by a Chair and Vice-Chair, is comprised of Commissioners and the Team Chairs for institutions on the agenda for that meeting. Commissioners serve as an independent reader of a Self-Study, Team Report, and Institutional Response. Team Chairs summarize
the findings of the team visit noting any areas where the team made recommendations for improvement or identified areas of non-compliance with requirements that must be addressed. The assigned Commissioner reader then summarizes her or his own review of the materials, raises any concerns, and asks questions of the Team Chair. The staff Vice President liaison is available to provide context or answer questions if requested. Discussion about the institution then takes place. The Committee develops a recommendation for the Commission’s consideration, which is aligned with the Accreditation Actions Policy and Procedures. Training is provided to the Committee prior to the meeting, which includes a review of the meeting procedures, protocols for presentation, and relevant policies and procedures.

Accreditation actions for institutions move forward to either the consent or discussion agenda of the upcoming Commission meeting. The consent agenda is reserved for institutions where reaffirmation is being recommended, and where there is agreement between the Team and Committee recommendations. Discussion agenda items consist of those circumstances of non-compliance or where the Team and Committee recommendations differed. Any Commissioner may request that an institution be moved from the Consent to the Discussion Agenda. The Commission is provided with all materials ahead of the meeting, and the Chair of the Committee on Evaluation Reports provides a report to the Commission for each institution on the Discussion Agenda and explains the recommendation of the Committee. Following review, discussion, and deliberation, the Commission takes an action in accordance with the Accreditation Actions Policy and Procedures (Exhibit PP - Accreditation Actions Policy; Exhibit PP - Accreditation Actions Procedures; Exhibit G - MSCHE Meeting Agendas Mar2019-Mar2021).

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency has levels of analysis to determine an institution's compliance with agency standards. First, a team of peer evaluators conducts an on-site visit of the institution to verify whether the accreditation standards, requirements of affiliation, policies and procedures, and applicable federal regulation are being adhered to. At this point, the institution may submit an Institutional Response (see criterion above) to concur or refute the Site-Visit Ream’s Report. Next, the Commission’s Committee on
Evaluation reviews the institution and makes a recommendation to the Commission. The Committee on Evaluation is comprised of Commissioners and Team Chairs for the institution scheduled on the agenda for that meeting. The Commission is provided with materials ahead of the meeting for review and the Team Chair provides a summary of the institution during the meeting. Following an in-depth review, discussion, or, if needed debate, the Commission takes appropriate action in accordance with the agency’s Accreditation Actions Policy and Procedure. (Ex. Accreditation Actions Policy, Ex. Accreditation Actions Procedure)

Department Staff observed a Commission meeting (including material presented) in June 2021 where the Committee on Evaluation discussed two institutions and voted on an action to take in accordance with agency policy and this criterion.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.17(f)
Description of Criteria

(f) Provides the institution or program with a detailed written report that assesses the institution’s or program’s compliance with the agency’s standards, including areas needing improvement, and the institution’s or program’s performance with respect to student achievement;

Narrative:
The evaluation team provides a comprehensive report that assesses the institution’s compliance with the Commission’s standards for accreditation, requirements of affiliation, policy and procedures, and applicable federal regulatory requirements. The Team Report Template (see Exhibit F - Team Report Template_SS_2021) ensures that teams are reporting on all areas following the on-site evaluation visit. The Commission’s Team Report Template was revised in 2016 to reflect a separate and specific section on Student Achievement (see Section F) and continues to be revised based on feedback from peer evaluators.

For each standard, teams are required to state clearly whether the institution appears or does not appear to meet the standard (see Section D of the Team Report Template, pp 2-8). The team provides conclusions relative to each standard based on its review of the self-study report, evidence, and interviews with campus constituencies to validate and verify compliance during the on-site evaluation visit. If the team finds that the institution does not appear to meet the standard, the team must provide
a requirement; otherwise, the team may provide collegial advice for improvement or recommendations. The team also may recognize noteworthy accomplishments, progress and exemplary or innovative practices that relate to the standard. The team also indicates whether the institution appears or does not appear to meet all of the Requirements of Affiliation (see Section C) and the Applicable Federal Compliance Requirements (see Section E).

Teams address student achievement data specifically in Section F (Review of Student Achievement Data and Verification of Institutional Data) which evaluates whether the institution’s approach to realizing its student achievement goals appears or does not appear to be effective, consonant with higher education expectations, and consistent with the institution’s mission. This judgment is based on a review of the institution’s student achievement information provided in the self-study report, evidence, interviews with institutional constituencies, and the student achievement URL available on its website (Exhibit Team Report Template_SS_2021, see page 9; Exhibit T - Self-Study Guide, see Module 7, Section 8, pp 61-62).

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Analyst Worksheet - Narrative
Analyst Review Status:

Does not meet the requirements of this section
Staff Determination:

The agency must provide the documentation and materials that the evaluation team used to determine whether an agency is following agency policies and procedures and Federal regulations in accordance with this Criterion.

Analyst Remarks to Narrative:

The agency attests and provides documentation of its Committee on Evaluation process that reviews student achievement to determine if the institution is consistent with agency policy, the mission/goals of the institution, and higher education expectations. Specifically, an Evaluation Team completes a Team Report that evaluates whether the institution does or does not meet all the Requirements of Affiliation and the Applicable Federal Compliance Requirements specific to student achievement (Ex. F).

Although the agency provides documentation of its Team Report Template used to inform institutions of its self-study process (Ex. F) and the Self-Study Guide (Ex. T) and On-Site Evaluation Visit, the agency has not provided documentation of an Evaluation Team report that was sent an institution.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

In the April 1, 2021 submission, the agency provided the template for the Team Report (Ex. F) as well as the Self-Study Guide (Ex. T) as evidence of its compliance with this criterion. The agency is now providing the full set of self-study documents from the three institutions included in the petition: Cheyney University, Albany Law School of Union University, and Thomas Jefferson University. The documents which represent the full cycle of documentation for a self-study review include: (1) Self-Study Report, (2) Team Visit Report, (3) Institutional Response, (4) Institutional Federal Compliance Report, and (4) Action. The agency draws your attention to the specific items requested in the staff analyst report including the Team Visit Reports (01-d-602.17_Cheyney_Team Visit Report_R; 02-c-602.17_Albany Law_Team Visit Report_R; 03-d-TJU_Team Visit Report_R; and the Action Notifications or decision letters (01-f-602.17_Cheyney_Action; 02-e-602.17_Albany Law_Action; 03-f-602.17_TJU_Action).

In Section F of the Team Report (02-c-602.17_Albany Law_Team Visit Report, Page 20), the team addresses the institution’s approach to student achievement in accordance with 602.17(f). The team evaluates whether the institution’s approach to realizing its student achievement goals appears or does not appear to be effective, consonant with higher education expectations, and consistent with the institution’s mission. In addition, the team reviews the institution’s student achievement data that is
disclosed to the public and whether that data appear or do not appear to be reasonably valid and accurate based on the data and information reviewed by the team.

To place this in context, the agency's Accreditation Review Cycle and Monitoring Procedures describe the process and components of the comprehensive self-study evaluation (04-602.17_Accreditation-Review-Cycle-Procedures-Oct-1-2022). The procedures state (Page 5) that the Team Report is used to document whether the institution appears to meet or does not appear to meet all of the requirements of affiliation, standards for accreditation, and applicable federal regulatory requirements. Peer evaluators use the team report to evaluate an institution's compliance based on a review of the self-study report, evidence, and interviews with institutional constituencies to verify compliance during the self-study evaluation team visit. The team will summarize their findings and provide the institution with a detailed written report that clearly identifies any deficiencies in the institution's compliance. Peer evaluators are required to provide a brief summary or bulleted points that document the institution's compliance (01-d-602.17_Cheyney_Team Visit Report_R, Summary of Findings, Page 4). Specifically for the standards for accreditation section, the team may offer optional collegial advice or non-binding suggestions for improvement as they relate to the standard (02-c-602.17_Albany Law_Team Visit Report_R, Page 9). The team may also provide team recommendations or institutional action(s) needed for the institution to continue to meet the standard (03-d-602.17_TIU_Team Visit Report_R, Recommendations, Page 23). If the team is unable to verify compliance or has confirmed non-compliance, the team report must identify specific standards for accreditation, requirements of affiliation, policies and procedures, and federal compliance requirements, and must issue requirements describing actions the institution must take to demonstrate compliance.

As explained in Accreditation Review Cycle and Monitoring Procedures, the team chair uploads the final Team Report so that the institution may access it in the secure MSCHE portal. The institution is provided the opportunity to respond to the final Team Report in writing through an Institutional Response (01-e-602.17-Cheyney_Institutional Response_R; 02-e-602.17_Albany Law_Institutional Response_R; 03-e-602.17_TIU_Institutional Response_R). The team report is included as evidence in the next decision-making points and provided in the materials for the committee and the Commission.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

As noted above, the agency provided narrative and documentation of its full cycle of review which includes detailed team visit reports (Ex. 01-d-602.17, Ex. 02-c-602.17, Ex. 03-d-602.17) that assesses the institutions compliance with agency standards and decision letters based which are based on the totality
of submitted documents to the and team observations (Ex. 01-f-602.17, Ex. 02-e-602.17, Ex. 03-f-
602.17). Specific to this criterion, the team visit reports access an institution’s approach to student
achievement, whether the institution is meeting its goals, the validity of the data, and whether the data
appear to meet the institution’s mission.

The additional information resolves previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.17(g)
Description of Criteria

(g) Requires institutions to have processes in place through which the institution
establishes that a student who registers in any course offered via distance
education or correspondence is the same student who academically engages in
the course or program; and

Narrative:
The Commission requires that institutions have a process in place through which they establish student
identity. This is done through the Commission’s process of verifying compliance with accreditation-
relevant federal regulations at the time of self-study and at any other time required by the Commission.
The Verification of Compliance with Accreditation-Relevant Federal Regulations process defines 8 areas
in which institutions must demonstrate compliance. Under area 1, the Commission requires institutions
that offer distance or correspondence education to have processes in place through which the
institution establishes that the student who registers in any course offered via distance or
correspondence education is the same student who academically engages in the course or program. The
Commission expects institutions to determine the methods of verification, which may include a secure
login and pass code, proctored examinations, and new or other technologies and practices that are
effective in verifying student identity. Institutions use the Institutional Federal Compliance Report
template to indicate the evidence that demonstrates compliance. Institutions must provide the policies
and/or procedures used to ensure student identify verification in distance education or correspondence
courses. Evidence must also include policies and/or procedures for the protection of privacy (FERPA) for
students enrolled in distance education and correspondence courses. Institutions that do not participate
in Title IV programs or those that do not offer distance or correspondence education, must provide an
explanation for any requirement that is not relevant for the institution. The Institutional Federal
Compliance Report is considered part of the self-study and uploaded as evidence under Standard II:
Ethics and Integrity. The evaluation team verifies the information provided by the institution. In addition
to the Verification of Compliance with Accreditation-Relevant Federal Regulations handbook, the
Commission provides recorded training to institutions, with opportunities for institutional
representatives to attend virtual Question & Answer sessions. (Exhibit PP – Verification of
Compliance_2020; Exhibit F – IFCR; Exhibit T – Transcript_VOC_2020, see pp 8-11)

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Analyst Worksheet - Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency provided documentation of its policy that requires institutions that offer distance or correspondence education to have processes in place through which the institution establishes that the student who registers in any course offered via distance or correspondence education is the same student who academically engages in the course or program (Ex. PP Verification of Compliance 2020). Although the institutions determine the methodology for verifying this information, the Commission verifies compliance with this policy in the Institutional Federal Compliance Report. The agency provided documentation of the training used to apprise institutions and peer evaluators of this policy (Ex. T Transcript VOC) and an Institutional Federal Compliance Report template (Ex. F IFCR) to demonstrate where an institution would report is information to the Commission. The agency has extensive and compliant standards and policy related to this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.17(h)
(h) Makes clear in writing that institutions must use processes that protect student privacy and notify students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

Narrative:
The Commission’s Verification of Compliance with Accreditation-Relevant Federal Regulations, area 1 requires institutions to use processes that protect student privacy and notify students at the time of registration or enrollment of any projected additional student charges associated with the verification of student identity including any required travel to campus. In the Institutional Federal Compliance Report, institutions must explain their procedures for notifying students and provide evidence including URLs, catalogs, student handbooks, and other locations of any alternative institutional website documenting required disclosures. As indicated above, the evaluation team verifies the information. (Exhibit PP – Verification of Compliance_2020; Exhibit F – IFCR; Exhibit T – Transcript_VOC Training_2020, see pp 8-11; Exhibit F - Team Report Template_SS_2021)

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide a completed Verification of Compliance or Team Report for Department staff to evaluate whether how the agency holds institutions accountable to agency policies and Federal regulations.

Analyst Remarks to Narrative:

Agency policy requires institutions to have a process that protects student privacy. Specifically, the Verification of Compliance, Area I (Ex. PP Verification of Compliance) requires institutions to have policies regarding the protection of privacy (i.e., FERPA) for students enrolled in distance education and correspondence courses and procedure(s) for notifying students at the time of registration or enrollment about any projected additional charges associated with student identity verification including any required travel to campus. Further, the agency’s Institutional Federal Compliance Report (which is uploaded to the agency’s secure online portal) indicates institutions’ their compliance with the Standards and provide supporting documentation which is then reviewed by the Committee on Evaluation Team.

Although the agency provided templates for its Team Report Template (Ex. F), Verification of Compliance (Ex. PP), Institutional Federal Compliance Report (Ex. F IFCR) and Verification of Compliance Transcript (Ex. T), the agency did not provide documentation of completed documents submitted by institutions or completed evaluations done by the Committee on Evaluation for Department Staff to fully understand whether the agency is adhering to its written student privacy policies.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

In the April 1, 2021, submission, the agency provided templates for the Team Report Template (Ex. F), Verification of Compliance (Ex. PP), Institutional Federal Compliance Report (Ex. F IFCR), and Verification of Compliance Transcript (Ex. T) as evidence of its compliance with this criterion. The agency is now providing Institutional Federal Compliance Reports (IFCR) and the Team Reports from two institutions included in the petition: Albany Law School of Union University and Thomas Jefferson University (02-b-602.17_Albany Law_IFCR_R and 02-c-602.17_Albany Law_Team Visit Report_R; 03-c-
The agency notes that Cheyney University was not provided as an example as it reflects an older process.

The process at the time of self-study for more recent examples include the submission of the Institutional Federal Compliance Report as evidence, which is verified by the evaluation team. In Area 1 of the Institutional Federal Compliance Report, institutions must address procedures regarding the protection of privacy for students enrolled in distance and correspondence education courses or programs, and must describe procedures for notifying students about any projected additional charges associated with student identity verification. Any evidence submitted at the time of self-study, or in response to a request for additional information from the team, is uploaded into the institution portal and made available to the team as well as the Commission’s Committee on Evaluation Reports and the Commission, through its Meeting Dashboard, as part of its multi-level decision-making process. Screenshots of the Commission’s Meeting Dashboard showing the evidence available for decision-making is included as well (04-602.17h_Albany Law_Dashboard-Materials). If an institution were to submit materials that violate the protection of student privacy, the agency would reject the report and require resubmission (05-602.17h_ICPR Junior College_Statement of Accreditation Status_R, Page 6).

The Commission also requires that institutions seeking to include distance education within their scope of accreditation submit a substantive change request that relates to 602.17(h). Institutions must describe procedures regarding the protection of privacy for students enrolled in distance and correspondence education courses or programs and must describe procedures for notifying students about any projected additional charges associated with student identity verification. Examples include a completed substantive change request (06-a-602.17h_Bowie-State_Sub Change Request-Jul-31-2022_R, Pages 9-10) and substantive change review report 06-b-602.17h_Bowie-State_Sub Change Review Report_R, Page 5). These materials are also made available at each level of decision-making.

Analyst Worksheet - Response
Analyst Review Status:
Meets the requirements of this section
Analyst Remarks to Response

The agency has submitted narrative and documentation of completed Federal Compliance Reports (Ex. 02-b-602.17, Ex. 03-c-602.17) and Team Reports (Ex. 02-c-602.17, Ex. 03-d-602.17) for the two institutions in the initial submission as previously requested by Department staff. The Federal Compliance Report (Section 1) evaluates three points including: policies and/or procedures used to ensure student identity verification in distance or correspondence education courses; policies and/or procedure(s) regarding the protection of privacy (i.e. FERPA) for students enrolled in distance and correspondence courses or programs, including password verification; and procedure(s) for notifying
students about any projected additional charges associated with student identity verification. Evidence should include URLs, catalogs, student handbooks, and other locations of any alternative institutional website documenting required disclosures. Additionally, the Federal Compliance Report evaluates whether the institution assess additional charges for verifying student identity or distance education to ensure the institution is adhering to Federal regulations.

The additional information resolves previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.18(a)-(b)(1)
Description of Criteria

(a) The agency must consistently apply and enforce standards that respect the stated mission of the institution, including religious mission, and that ensure that the education or training offered by an institution or program, including any offered through distance education, correspondence courses, or direct assessment education is of sufficient quality to achieve its stated objective for the duration of any accreditation or preaccreditation period.

(b) The agency meets the requirement in paragraph (a) of this section if the agency—

(1) Has written specification of the requirements for accreditation and preaccreditation that include clear standards for an institution or program to be accredited or preaccredited;

Narrative:

In establishing the standards, the Commission involved all of its constituencies to ensure that the standards could be used by and applied to the range of institutional types and missions. The Commission has affirmed through surveys of participants in the accreditation process, including institutions, peer evaluators on visiting teams, members of review committees, and Commissioners, that the Standards for Accreditation and Requirements of Affiliation are clear, respect the mission of the institution, and can be applied consistently to a diverse range of institutions. Responses from 21 individuals representing the cohort of 15 institutions participating in a Collaborative Implementation Project (CIP) to implement the Standards for Accreditation and Requirements of Affiliation unanimously confirmed through surveys conducted during and following their participation that the standards are written in clear language, respect the mission of their institution, and can be applied consistently to a diverse range of institutions. Following full implementation of the Standards for Accreditation and Requirements of Affiliation, a survey of 483 peer evaluators who served on 112 evaluation teams showed that 96% or more peer evaluators strongly agree or agree that the standards are clear, respect the mission of their institution and can be applied to a diverse range of institutions. More than 90% of
these respondents also confirmed that the standards motivate and guide an institution toward continuous improvement, allow an institution to demonstrate it is fulfilling its mission and achieving its goals and meaningful outcomes, and demonstrates accountability to the public. (Exhibit G - CIP Survey Report-2017, see pp 29-31; Exhibit G - Team Evaluator Standards Evaluations Report).

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Analyst Worksheet- Narrative
Analyst Review Status: Meets the requirements of this section

Analyst Remarks to Narrative:

As noted in the narrative, the agency has adopted Standards (Ex. PP Standard) that clearly outline the specifications required for accreditation and preaccreditation for institutions in accordance with this criterion. Additionally, the agency attest that it utilized surveys of participants in the accreditation process, including institutions, peer evaluators on visiting teams, members of review committees, and Commissioners, to ensure that the Standards for Accreditation and Requirements of Affiliation are clear, respect the mission of the institution, and can be applied consistently to a diverse range of institutions. A survey of 21 individuals in a cohort involving 15 institutions determined that the standards were indeed written in clear language, respect the mission of their institution, and can be applied consistently to a diverse range of institutions. The agency provided a survey of 149 team members who were asked to evaluate agency Standards of Affiliation. The results of that study determined that 96% of the those surveyed agree or strongly agree that the Standards are clear and respect the mission of their institution and can be applied to a diverse range of institutions (Ex. G CIP Survey 2017, Ex. G Team Evaluator Standards Evaluations Report). The agency has extensive and compliant standards and policy related to this criterion.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:
Criteria: 602.18(b)(2)
Description of Criteria

(2) Has effective controls against the inconsistent application of the agency’s standards;

Narrative:
In all of its major accreditation activities, the Commission ensures consistent accreditation evaluations and actions through its multi-level decision-making process, training of Commission representatives, and clear requirements of affiliation, standards for accreditation and candidacy (pre-accreditation), policies, procedures, and templates (as described under 602.18(b)(1)).

The Commission relies upon a multi-level review process which begins with peer evaluators, moves through review committees, and ultimately lands before the Commission for action guided through appropriate policy and procedures. In some circumstances, the Executive Committee, a decision-making body of the Commission, may act on behalf of the Commission. (Exhibit PP – Application_Candidacy Review Cycle Policy, see Sections III and IV; Exhibit PP – Application_Candidacy Review Cycle Procedures, see especially Sections II and III).

At the first level of review, peer evaluators use reports, evidence, visits, or a combination of these to review an institution and propose a Commission action. A member of an appropriate Commission committee is assigned to review the proposed action and accreditation materials and either agrees with or proposes a different action, if appropriate, to the committee. Commission committees function with chairs and vice chairs who oversee all of the discussions to be sure the committee is fair, equitable, and consistent on the matters before it on a given day and across meetings over multiple meeting days. The committee, following its own review of the accreditation materials and subsequent deliberation, in turn, recommends an action to the Commission. All accreditation materials are then provided to the Commission for review by all Commissioners.

Because the Commission committee conducts an independent review of the accreditation materials, the committee may reach a determination of non-compliance in areas where the initial peer review had concerns but did not identify non-compliance in the Team Report. To ensure appropriate due process, the Commission’s procedures Advance Notice of Non-Compliance Recommendations outlines the steps that are taken to notify the institution and invite a response that addresses the finding and provides any additional information and evidence. These materials are reviewed and used by the Commission when making its accreditation decision (Exhibit PP - Advance Notice of Non-Compliance Recommendations). The Commission then reviews the committee’s recommendation and accreditation materials and takes an accreditation action regarding the institution in accordance with the Accreditation Actions Policy and Procedures (Exhibit PP – Accreditation Actions Policy; Exhibit PP – Accreditation Actions Procedures).

The Commission also ensures consistency through its training for all participants in the accreditation process. Institutions are required to attend the Self-Study Institute which provides comprehensive training on the Commission’s requirements for self-study. During the pandemic, the Commission provided the Self-Study Institute in a virtual, live format which allowed for greater participation from
institutional representatives and remained an engaging event, spread over more days than what the traditional face-to-face format allowed. Commission staff (Vice President) liaisons are assigned to institutions as a resource and any questions about the Commission’s expectations can be directed to the liaison. The Commission also has dedicated staff for each accreditation function who can provide assistance with specific accreditation activities, policies, and procedures. The virtual sessions are now available through the Commission’s YouTube channel (https://www.youtube.com/c/mscheorg/featured).

All Commission representatives are trained to evaluate and apply the standards for accreditation and requirements of affiliation in a manner that is fair, equitable, and consistent and to conduct Commission accreditation activities according to Commission policies and procedures. As described in response to 602.15(a)(2), peer evaluators must be accepted through a process that reviews their qualifications necessary to serve in that capacity. Peer evaluators, once accepted, are trained on the application and interpretation of accreditation standards and processes and on accreditation policies and procedures. Commissioners also are oriented and trained for their role in the decision-making process through online materials, opportunities to observe review committee and Commission meetings, and an assigned mentor. The Commission has adopted a model for every review committee where more experienced Commissioners serve as Chair and Vice Chair providing another resource for Commissioners. In addition, the Commission has launched pre-meetings for most review committees further reinforcing principles of policy and procedures and providing an opportunity for Commissioners to request additional information and guidance from staff.

The Commission’s policies, procedures and other resources support fair, equitable and consistent decision-making. The Commission provides templates for the major accreditation activities including self-study evaluation, MPPR, follow-up, and substantive change to ensure that required components are addressed (Exhibit F – All Forms). The templates collect consistent information and guide the peer evaluators in determining whether any institutional action is needed to continue to meet or to achieve compliance. In 2019, to ensure that team findings and recommendations for accreditation action are consistent with the standards for accreditation and requirements of affiliation, the Commission published Standardized Recommendations and Requirements for use by Peer Evaluators in the Accreditation Review Cycle and Monitoring. Teams must choose from the language provided in offering recommendations and requirements in their reports and in proposing an accreditation action (Exhibit PP - Standardized Recommendations 2019). This document also assists the Committee in developing standardized recommendations. The Accreditation Actions Policy and Procedures provides the Commission with the specific actions that may be taken based on the findings including the circumstances under which certain actions may be taken (Exhibit PP - Accreditation Actions Policy; Exhibit PP - Accreditation Actions Procedures).

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Exhibit PP - Application Candidacy Review Cycle Procedures
Exhibit PP - Standardized Recommendations 2019

Analyst Worksheet- Narrative
Analyst Review Status: 

Meets the requirements of this section

Analyst Remarks to Narrative:

As noted in the narrative, the agency’s policies ensure its Standards are consistently applied by training Commission members to effectively evaluate and apply agency policy and procedures. Training for the decision-making process involves online mechanisms, opportunities to observe and review committee and Commission meetings, and delegating an assigned mentor to ensure all reviewers are evaluating the Standards under the same lens.

Additionally, to ensure there are multiple eyes reviewing the same institution, the Commission utilizes a multi-level approach to its decision-making process which includes peer evaluators, review committees, and lastly, a review from the Commission. As noted in the narrative and during a Commission meeting for which Department Staff observed, at each level of review, team members are asked to discuss and deliberate their findings to ensure they are on the same accord with respect to the team’s recommendation. Department staff observed Commission members discussing their perspectives in a fair and equitable way which allowed for a thoughtful review.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:
Criteria: 602.18(b)(3)
Description of Criteria

(3) Bases decisions regarding accreditation and preaccreditation on the agency's published standards and does not use as a negative factor the institution's religious mission-based policies, decisions, and practices in the areas covered by §602.16(a)(1)(ii), (iii), (iv), (vi), and (vii) provided, however, that the agency may require that the institution's or program's curricula include all core components required by the agency;

Narrative:
The Commission accredits a diverse array of higher education institutions that include faith-related institutions (21), special focus institutions (66), in addition to associates (95), baccalaureate-associates (14), baccalaureate (86), masters (149) doctoral (60) and unclassified (33) institutions. The Commission included broad representation and involvement in the development of its standards to ensure that the standards could be applied to all institutional types and in the context of each institution’s mission. This is reflected in the Standards for Accreditation and Requirements of Affiliation, Preamble Statement Regarding the Purpose of and Commitment to Accreditation which states: “An institution of higher education is a community dedicated to students, to the pursuit and dissemination of knowledge, to the study and clarification of values, and to the advancement of the society it serves. The Middle States Commission on Higher Education (MSCHE), through accreditation, mandates that its member institutions meet rigorous and comprehensive standards, which are addressed in the context of the mission of each institution and within the culture of ethical practices and institutional integrity expected of accredited institutions.” (Exhibit_Standards)

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Analyst Worksheet- Narrative

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests that accreditation and preaccreditation decisions are based solely on its Standards. Whether an institution is in compliance with agency standards is determined by the multi-level preview process as discussed in the agency's narrative and the on-site team's evaluation report. The Commission accredits a wide variety of high education institutions including special focus institutions, associate degree programs, baccalaureate-associate programs, baccalaureate, masters, doctoral, other institutions and makes accrediting decisions based solely on the institutions compliance with agency
standards and Federal regulations, notwithstanding the institutions religious mission-based policies or practices (Ex. PP Standards).

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.18(b)(4)
Description of Criteria

(4) Has a reasonable basis for determining that the information the agency relies on for making accrediting decisions is accurate;

Narrative:
Throughout the Commission’s accreditation activities institutions are required to engage in active and open self-reflection supported by analysis and evidence and provide for verification through peer review. Beginning with the process for seeking accreditation, institutions are required to commit to full and honest disclosures and to certify that information provided is accurate. The Commission’s Application and Candidacy Review Cycle and Monitoring Policy and Procedures require institutions to certify in the Pre-Application Minimum Requirements Report that the institution will submit full and honest disclosures and that the information provided throughout the application process is accurate (Exhibit PP Application_Candidacy Review Cycle Policy; Exhibit PP – Application_Candidacy Review Cycle Procedures; Exhibit F – Pre-App Minimum Requirements Report; Exhibit F - Certifications & Disclosures Statement). Peer evaluators are assigned to review the report and conduct a visit to verify the information submitted by the institution. Once the institution is invited to prepare its application, it must demonstrate its compliance with the Requirements of Affiliation, which requires that “the institution and its governing body/bodies make freely available to the Commission accurate, fair, and complete information on all aspects of the institution and its operations. The governing body/bodies ensure that the institution describes itself in comparable and consistent terms to all of its accrediting and regulatory agencies, communicates any changes in accredited status, and agrees to disclose information (including levels of governing body compensation, if any) required by the Commission to carry out its accrediting responsibilities.” (See Exhibit PP - Standards, see Requirement of Affiliation #14, p 3). Compliance with Requirements of Affiliation is reviewed throughout the accreditation review cycle (Exhibit PP – Application_Candidacy Review Cycle Policy; Exhibit PP – Application_Candidacy Review Cycle Procedures; Exhibit F - Pre-App Requirements Report; Exhibit PP - Standards).

Institutions also must certify accuracy when submitting a Teach-Out Plans and Agreements Form. Section D requires certifications including that the information included by the institution is accurate at the time of submission, that the institution will notify the Commission of subsequent, significant
developments that could affect the Commission’s review and action, and that the submission has been authorized by appropriate individuals. The peer evaluators are then required to confirm whether the institution provided the certifications in the Teach-Out Plans and Agreements Review Report, Section D (Exhibit F - Teach-Out Form; Exhibit F - Teach-Out Review Report).

Self-study, follow-up, and substantive change activities all require further verification of the institution’s compliance with all standards and requirements of affiliation. Institutions must provide a report and evidence and peer evaluators conduct a review verifying the institution’s compliance. Based on the report submitted by the institution, peer evaluators may request any additional information and evidence necessary to clarify or verify the information and evidence provided in the report. When accreditation activities include a visit, peer evaluators have a further opportunity to verify information and evidence through discussions and interviews with institutional representatives, including the institution’s officers, members of the governing board, academic and financial officers, division/department heads, faculty, and students (See Exhibit PP – Accreditation Review Cycle Procedures, see especially Section II.P., p 4; See Exhibit PP - Substantive Change Procedures, especially Section V.B and E, p 5-6); See Exhibit PP - Follow-Up Reports and Visits Procedures, especially Section IV.G, J, and K).

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As noted in the narrative, the agency relies on attestations from institutions that the information submitted to the agency is accurate in addition to verification through peer review. Throughout the agency’s accreditation process, institutions are required to commit to full and honest disclosures and to certify that information provided is accurate. Institutions must also certify the accuracy of submitted Teach-Out Plans and Agreements Form. (Ex. Teach-Out Plans and Agreements Form) This certification requires the information is authorized by appropriate individuals as accurate at the time of submission and that the institution notify the Commission of any changes or developments that could affect the Commission’s review or subsequent action. The Certifications and Disclosures Statement requires agencies to certify that the information is accurate at the time of submission and the institution understands that it must notify the Commission of subsequent, significant developments that could affect the institution’s application. (Ex. F Certifications and Disclosures Statement) The Application Candidacy Review Cycle Procedures requires institutions to review the Certifications and Disclosures Statement and certify that the information provided throughout the application process is accurate, honest, and truthful. (Ex. Application Candidacy Review Cycle Procedures).

The agency also relies on the sound judgement from competent and experienced reviewers who are trained on agency standards for which they base accrediting decisions in accordance with this criterion and agency policy and procedures.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:
(5) Provides the institution or program with a detailed written report that clearly identifies any deficiencies in the institution's or program's compliance with the agency's standards; and

Narrative:
The Commission provides standardized templates to peer evaluators for each stage of the accreditation process to ensure that team visits and other evaluations result in a detailed written report that includes collegial advice, team recommendations, and requirements that identify compliance issues with the standards for accreditation and requirements of affiliation, policies and procedures, or applicable federal regulatory requirements.

The Self-Study Team Report template provided by the Commission for self-study evaluation visits has become a critical tool for teams conducting on-site evaluations, and Commission staff continue to update it based on feedback from those using it (Exhibit F – Team Report Template_SS_2021. The updated form corresponds to the Commission’s standards and distinguishes between compliance with the standards (Section C), the Requirements of Affiliation (Section D), and the Verification of Compliance with Accreditation-Relevant Federal Compliance requirements (Section E) and requires the team to clearly state, in the team’s judgment, whether the institution appears or does not appear to meet the requirement covered in the section. The template directs the evaluation team that if the “institution does not appear to meet this Standard, the Team must issue one or more requirements. Requirements indicate a non-compliance action and are preceded by the word “must.” Requirements are institutional actions needed to achieve compliance with the standard; Select from list of standardized requirements.” The list of standardized requirements, which ensure that the non-compliance finding is accurately and clearly communicated, is available as a downloadable document on the Peer Evaluators: Resources webpage and provided in Exhibit PP – Standardized Recommendations_2019. The current template is available as a downloadable document on the Peer Evaluators: Resources webpage and provided in Exhibit F Team Report Template_SS_2021.

Similar templates support peer evaluators conducting reviews for institutions applying for accreditation under the Application and Candidacy Review Cycle and Monitoring Policy and Procedures. The Commission has established the Pre-Applicant Minimum Requirements Review Report, the Accreditation Readiness Report (ARR) Analysis template, and the Applicant Assessment Team Visit Team Report template. Each template provides guidance to the team to indicate whether the institution appears to meet or does not appear to meet all of the Commission’s requirements included within the review. Teams must use each template to identify where requirements may not be met and the evidence that is needed to demonstrate compliance. (Exhibit F – Pre-Applicant Minimum Requirements Review Report; Exhibit F – ARR Analysis; Exhibit F – AATV Team Report)

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Exhibit PP - Standardized Recommendations_2019 | Exhibit PP - Standardized Recommendations_201 - -

Analyst Worksheet - Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests and provides documentation (Ex. F Team Report Template) of its policy to provide colleges and programs with a written Self-Study Team Report provided by the Commission that identifies strengths and deficiencies in meeting agency policy and procedures in addition to the Pre-Applicant Minimum Requirements Review Report, the Accreditation Readiness Report Analysis template, and the Applicant Assessment Team Visit Team Report template. (Ex. PP Accreditation Actions Policy, Ex. PP Accreditation Actions Procedures) All of above-mentioned documents assess compliance with agency standards and provides comments related to institution strengths, areas of weakness, suggestions for improvement, and areas where the program is non-compliant. (Ex. F Pre-Applicant Minimum Requirements Report, Ex. F ARR Analysis, Ex. F AATV Team Report)

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.18(b)(6)(i-ii)
Description of Criteria

(6) Publishes any policies for retroactive application of an accreditation decision, which must not provide for an effective date that predates either—

(i) An earlier denial by the agency of accreditation or preaccreditation to the institution or program; or

(ii) The agency's formal approval of the institution or program for consideration in the agency's accreditation or preaccreditation process.

Narrative:
The Commission’s Accreditation Actions Policy and Procedures establish the types of actions the Commission may consider for each type of accreditation activity. Application and Candidacy Actions, which include the grant of accreditation to a candidate institution, are addressed under Section II of the Accreditation Actions Procedures. When it grants accreditation, the Commission will apply a retroactive date of accreditation back to the date of Candidacy as allowed under 602.18(b)(6) for the benefit of students to facilitate transfer, eligibility for licensure, and to serve other purposes (See Exhibit PP - Accreditation Actions Procedures, Section II.D.2., p 2). The Application Review Cycle and Monitoring Procedures also provide for a retroactive date of accreditation under Section V.B. (Exhibit PP – Accreditation Actions Policy; Exhibit PP – Accreditation Actions Procedures; Exhibit PP – Application_Candidacy Review Cycle Procedures, see page 13). The Commission has not granted accreditation since this provision took effect on July 1, 2020.

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests and provides documentation of its Accreditation Actions Policy and Accreditation Actions Procedures which grants candidate institutions a retroactive date of accreditation back to the date of Candidacy in accordance with this criterion. The agency further attests that it has not granted accreditation (and thereby enacted this provision) since July 2020.

List of Document(s) Uploaded by Analyst - Narrative

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Criteria: 602.18(c)
Description of Criteria

(c) Nothing in this part prohibits an agency, when special circumstances exist, to include innovative program delivery approaches or, when an undue hardship on students occurs, from applying equivalent written standards, policies, and procedures that provide alternative means of satisfying one or more of the requirements set forth in 34 CFR 602.16, 602.17, 602.19, 602.20, 602.22, and 602.24, as compared with written standards, policies, and procedures the agency ordinarily applies, if—

1. The alternative standards, policies, and procedures, and the selection of institutions or programs to which they will be applied, are approved by the agency's decision-making body and otherwise meet the intent of the agency's expectations and requirements;
2. The agency sets and applies equivalent goals and metrics for assessing the performance of institutions or programs;
3. The agency's process for establishing and applying the alternative standards, policies, and procedures is set forth in its published accreditation manuals; and
4. The agency requires institutions or programs seeking the application of alternative standards to demonstrate the need for an alternative assessment approach, that students will receive equivalent benefit, and that students will not be harmed through such application.

Narrative:
Recognizing that extraordinary circumstances may arise that make an institution's compliance with a Commission policy or procedure temporarily unachievable, the Commission’s Accreditation Actions Policy and Procedures, which were revised July 1, 2020, to align with federal regulation, provide the Commission with flexibility. As defined in Section X.C., the Commission may, in extraordinary circumstances, temporarily or permanently waive a specific requirement in Commission policy or procedures for a member institution. The Commission may include innovative program delivery approaches or offer an institution alternative means of satisfying the Commission’s requirements. The member institution must demonstrate the need for the waiver and ensure that students will receive equivalent benefit and will not be harmed by the waiver. The Commission must approve any waivers (Exhibit PP – Accreditation Actions Policy; Exhibit PP - Accreditation Actions Procedures, see page 12).

The Commission utilized procedural actions in response to the pandemic (COVID-19) to waive policies and procedures to align with USDE flexibility and Commission policy. A temporary waiver allowed for (1) 2020 visits to be delayed, (2) the adoption of the temporary use of virtual site visits, which will be
followed by on-site verification visits; and (3) the temporary inclusion of distance-education within the scope for institutions that had to shift delivery modalities due to local, state, and federal guidelines. All of the Commission’s activities relating to its management of accreditation activities during the pandemic can be found at its COVID-19 website (https://www.msche.org/covid-19/, see Exhibit W - MSCHE COVID Webpage_Waivers).

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

As noted in the narrative, the agency’s revised its Accreditation Actions Procedures in July 2020 to align with Federal regulations in response to the (COVID-19) pandemic. The newly revised Procedures allows the Commission to grant a member institution, in extraordinary circumstances, temporary or permanent waiver of a specific policy or procedures requirement. Under extraordinary circumstances, the Commission may include innovative program delivery approaches or offer an institution alternative means of satisfying the Commission’s requirements under Federal regulation. In such circumstances, the member institution must demonstrate the need for such a waiver and ensure that students will receive equivalent benefit and will not be harmed. Waivers must be approved by the Commission.

The agency provided documentation of its newly revised policy in accordance with this criterion. (Ex. W)

List of Document(s) Uploaded by Analyst - Narrative

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Criteria: 602.18(d)
Description of Criteria

(d) Nothing in this part prohibits an agency from permitting the institution or program to be out of compliance with one or more of its standards, policies, and procedures adopted in satisfaction of §§602.16, 602.17, 602.19, 602.20, 602.22, and 602.24 for a period of time, as determined by the agency annually, not to exceed three years unless the agency determines there is good cause to extend the period of time, and if—

(1) The agency and the institution or program can show that the circumstances requiring the period of noncompliance are beyond the institution's or program's control, such as—
   (i) A natural disaster or other catastrophic event significantly impacting an institution's or program's operations;
   (ii) Accepting students from another institution that is implementing a teach-out or closing;
   (iii) Significant and documented local or national economic changes, such as an economic recession or closure of a large local employer;
   (iv) Changes relating to State licensure requirements;
   (v) The normal application of the agency's standards creates an undue hardship on students; or
   (vi) Instructors who do not meet the agency's typical faculty standards, but who are otherwise qualified by education or work experience, to teach courses within a dual or concurrent enrollment program, as defined in 20 U.S.C. 7801, or career and technical education courses;

(2) The grant of the period of noncompliance is approved by the agency's decision-making body;

(3) The agency projects that the institution or program has the resources necessary to achieve compliance with the standard, policy, or procedure postponed within the time allotted; and

(4) The institution or program demonstrates to the satisfaction of the agency that the period of noncompliance will not—
   (i) Contribute to the cost of the program to the student without the student's consent;
   (ii) Create any undue hardship on, or harm to, students; or
   (iii) Compromise the program’s academic quality.

Narrative:
The Commission updated its Accreditation Actions Policy and Procedures to align with the July 1, 2020,
regulations allowing institutions 36 months to rectify non-compliance. If an institution has not yet achieved compliance at the end of the non-compliance period, the Commission may continue an institution’s non-compliance status and Extend for Good Cause beyond the original 36 months as allowed under this provision and 602.20(a)(2). A form of exceptional relief granted at the sole discretion of the Commission, the Accreditation Actions Policy and Procedures allow for two opportunities for an extension not to exceed one-year each. In making its decision to grant or deny the first extension for good cause, the Commission considers quality written and compelling evidence that may include:

a. Evidence that the quality of the student learning experience is not compromised at the institution.
b. Evidence that the institution has complied with all Commission policies and procedures.
c. Evidence of a comprehensive, implementable teach-out plan with signed teach-out agreements, if previously requested by the Commission.
d. Evidence that the institution has demonstrated improvement and therefore the potential to remedy non-compliance issues identified by the Commission within the period of extension.
e. Evidence describing reasonable plans to meet the Commission’s expectations for reaffirmation within the period of extension and evidence of actions taken to implement the changes that are expected to result in compliance.
f. Evidence of support from any related entity that will contribute to ongoing institutional compliance.
g. Evidence that the institution has made freely available to the Commission accurate, fair, and complete information on all aspects of the institution and its operations and in response to Commission requests for information.
h. Evidence that the institution has complied with all state and federal requirements.
i. Evidence that the institution is in good standing with other accreditors.
j. Evidence that the institution has been impacted by a natural disaster, catastrophe or other circumstances outside of the institution’s control.

In considering whether to grant a second, final extension for good cause, in addition to these considerations, the Commission will consider quality written and compelling evidence including but not limited to:

a. Evidence that the institution has made continued and further progress in implementing changes toward achieving compliance with all Commission standards for accreditation, requirements of affiliation, policies and procedures, or applicable federal regulatory requirements.
b. Evidence that the institution will come into compliance during this extended timeframe.
c. Evidence that, since the first extension for good cause, the institution has made continued and further progress in one or more of the following areas, if applicable:
   i. stabilizing its financial condition;
   ii. stabilizing enrollments; or
   iii. establishing or maintaining sufficient levels of qualified staffing.
(Exhibit PP - Accreditation Actions Policy; Exhibit PP - Accreditation Actions Procedures, see Section IV. G., pp 6-7)

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Exhibit PP - Accreditation Actions Procedures

Exhibit PP - Appeals from Adverse Accrediting Actions

Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency appears to be conflating this criterion with 602.20(a)(3). This criterion is not related to extensions for good cause allowed by the aforementioned regulation. The agency should be aware that it does not have to adopt policy for this criterion as these requirements are optional. However, the agency must inform Department staff whether it has or will adopt policy and procedures related to this criterion. If the agency does adopt policy, it must meet the specific requirements of this criterion.

Analyst Remarks to Narrative:

The agency appears to be conflating this criterion with 602.20(a)(3). This criterion is not related to extensions for good cause allowed by the aforementioned regulation. This criterion is specifically related to special circumstances that might occur that would cause an institution to be noncompliant with an accrediting agency's standards. This is a new provision that became effective July 1, 2020, with the adoption of the new regulations. Any new policy established related to this criterion, by the agency, would have to list the specific occurrences described in this criterion, which are as follows:

(1) The agency and the institution or program can show that the circumstances requiring the period of noncompliance are beyond the institution's or program's control, such as—
   (i) A natural disaster or other catastrophic event significantly impacting an institution's or program's operations;
   (ii) Accepting students from another institution that is implementing a teach-out or closing;
   (iii) Significant and documented local or national economic changes, such as an economic recession or closure of a large local employer;
   (iv) Changes relating to State licensure requirements;
   (v) The normal application of the agency's standards creates an undue hardship on students; or
   (vi) Instructors who do not meet the agency's typical faculty standards, but who are otherwise qualified by education or work experience, to teach courses within a dual or concurrent enrollment program, as defined in 20 U.S.C. 7801, or career and technical education courses;
(2) The grant of the period of noncompliance is approved by the agency's decision-making body;
(3) The agency projects that the institution or program has the resources necessary to achieve compliance with the standard, policy, or procedure postponed within the time allotted; and
(4) The institution or program demonstrates to the satisfaction of the agency that the period of noncompliance will not—
   (i) Contribute to the cost of the program to the student without the student's consent;
   (ii) Create any undue hardship on, or harm to, students; or
(iii) Compromise the program's academic quality.

The agency should be aware that it does not have to adopt policy for this criterion as these requirements are optional. However, the agency must inform Department staff whether it has or will adopt policy and procedures related to this criterion. If the agency does adopt policy, it must meet the specific requirements of this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The Commission has not adopted a policy for this criterion and does not intend to adopt a policy.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

The agency has discussed that it has not adopted a policy under this criterion and does not intend to do so in the future as it is not a requirement for this criterion.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.19(a)
Description of Criteria

(a) The agency must reevaluate, at regularly established intervals, the institutions or programs it has accredited or preaccredited.

Narrative:
The Commission adopted and implemented an eight-year cycle of review and monitoring in 2018 that includes a comprehensive self-study evaluation with an on-site evaluation by a team of peer evaluators and a Mid-Point Peer Review at the mid-point between self-studies. The Commission also monitors institutions through its Annual Institutional Update (AIU), Recommendation Responses required in conjunction with the AIU, follow-up reports and visits, and supplemental reports. Each of the components of the eight-year accreditation review cycle, including ongoing monitoring activities, are established in the Accreditation Review Cycle and Monitoring Policy (Exhibit PP – Accreditation Review Cycle Policy), and the activities and procedures for each component are established in Accreditation Review Cycle and Monitoring Procedures (Exhibit PP - Accreditation Review Cycle Procedures).

As stated in the Accreditation Review Cycle and Monitoring Policy, Section C, each institution is assigned to an accreditation review cycle and reevaluated and monitored on a regular and consistent basis in accordance with that review cycle. In accordance with the policy and procedures, the Commission requires accredited institutions to engage in self-study at least every eight years. The self-study is an in-depth, comprehensive, and reflective process to assess its educational quality and success in meeting its mission, and to identify institutional priorities and opportunities for improvement and innovation. The full requirements regarding the self-study and the peer evaluation and decision-making processes are described in Exhibit PP - Accreditation Review Cycle Procedures, Section II, pp 1-6.

Midway through the accreditation cycle, the Commission conducts an analysis of four years of key data indicators for student achievement, viability and capacity, and financial health to confirm whether there are any concerns related to the institution’s ability to continue to meet the standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements. The MPPR process is defined in Exhibit PP - Accreditation Review Cycle Procedures, Section III, pp 6-9 and described more fully in response to 602.19(b).

Institutions are monitored annually through the Annual Institutional Update (AIU), which collects the key data indicators used in the MPPR process. The data and any supplemental context provided by the institution are reviewed annually by staff and if they indicate serious concern, the Commission may request additional information through a Supplemental Information Report. Four years of student achievement, financial and enrollment trend data provided in the AIU are reviewed by peer evaluators in the MPPR. The AIU process is defined in Exhibit PP – Accreditation Review Cycle Procedures, Section IV.A, pp 9-10 and described more fully in response to 602.19(b).

When the Commission reaffirms accreditation but determines that some additional oversight is needed to ensure that the institution is attentive to Commission recommendations, it may request annual reporting in conjunction with each AIU through Recommendation Responses. The institution begins reporting to the Commission in the next AIU based on the action language and continues reporting annually until the next self-study or MPPR evaluation. The requirements for Recommendation Responses are provided in Exhibit PP – Accreditation Review Cycle Procedures, Section IV.B., pp 10-11.

The Commission also may request a follow-up report following a reaffirmation action and will require a monitoring report following a non-compliance action. The types of follow-up reports and visits the Commission may require are defined in Accreditation Activities Guidelines in Section V.C., pp 2-4 (Exhibit PP – Accreditation Activities Guidelines).
Does not meet the requirements of this section

Staff Determination:

The agency must provide additional documentation demonstrating the eight-year review cycle for accredited institutions.

Analyst Remarks to Narrative:

The agency attests and provides documentation (Ex. Accreditation Review Cycle Procedures) of its policy to reevaluate accredited colleges or programs on an eight-year accreditation review cycle which includes a self-study, an on-site evaluation by peer evaluators, a Mid-Point Peer Review, and yearly Annual Institutional Updates in accordance with this criterion (Ex. PP Accreditation Review Cycle Policy, Ex. PP Accreditation Review Cycle Procedures); however, the agency did not provide documentation demonstrating its eight-year review cycle. The documentation could include a listing of accredited institutions including their next scheduled accreditation review date.

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No files uploaded

Response:
The agency transitioned from a ten-year review cycle to an eight-year review cycle in 2016, and the guiding policy and procedures noted that some institutions would exceed eight-years during a transitional phase (Exhibit PP - Accreditation Review Cycle Policy, Page 1, with notation). The agency is now providing a listing of all candidate and accredited institutions including their next scheduled accreditation review date as documentation of the eight-year cycle of review (01-602.19a-MSCHE Report_Master Cohort List as of 9-13-22). As each institution in the agency’s cohorts, lettered A through H, enters self-study during its assigned year, a repeating, eight-year cycle then follows for evaluation. Institutions in Cohort C, for example, host a self-study evaluation visit in 2022-2023 with their next self-study evaluation visit in 2030-2031 and then again in 2038-2039. The same mapping has been done for all cohorts A-H (02-602.19a-MSCHE Report_Next Self-Study Dates by Cohort).

The agency’s Annual Institutional Update (AIU) continues to be relied upon for required data and documents critical to monitoring institutions. All institutions are required to submit the AIU each year, in addition to any Recommendation Responses which may be required of institutions through agency action. The agency staff has leveraged the results of the analysis of the AIU, using this annual information to inform monitoring and decision-making for every institution. As a result of the annual analysis being conducted for every institution, as well as noting trends across the years, the agency is evaluating the value of the Mid-Point Peer Review (MPPR), which occurs after the fourth year for a small cohort of institutions per year. Other factors included in the evaluation of the agency’s accreditation review cycle have focused on the timeliness of the information available in the MPPR, the human, fiscal, and technological costs to the institutions and the agency, and the duplication of effort in both processes. The AIU has proven to be a strong mechanism for the agency’s annual monitoring of every institution.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

The agency has submitted narrative that in 2016 it revised its policy to review institutions on a ten-year cycle to an eight-year cohort review cycle (Ex. 02-602.19a). The agency also provided documentation of its eight-year review cycle that includes the names of accredited institutions and their scheduled accreditation review date (Ex. 01-602.19a) as requested by Department staff for this criterion.

Additionally, the agency has discussed that it continues to reevaluate its institutions using (along with other mechanisms) the Annual Institutional Update (AIU) to gather required data and documents as it has proven to be a “strong mechanism” for agency monitoring. To that end, the agency is looking at the effectiveness of using the Mid-Point Peer Review (MPPR). The MPPR is done in the fourth year, it covers the same information contained in the AIU, and is an additional human, fiscal, and technological cost to the institution and to the agency.
Criteria: 602.19(b)
Description of Criteria

(b) The agency must demonstrate it has, and effectively applies, monitoring and evaluation approaches that enable the agency to identify problems with an institution's or program's continued compliance with agency standards and that take into account institutional or program strengths and stability. These approaches must include periodic reports, and collection and analysis of key data and indicators, identified by the agency, including, but not limited to, fiscal information and measures of student achievement, consistent with the provisions of §602.16(g). This provision does not require institutions or programs to provide annual reports on each specific accreditation criterion.

Narrative:
The Commission’s accreditation review cycle was established to ensure systematic review and ongoing monitoring. In addition to the comprehensive self-study required every eight years, the Commission monitors institutions’ ongoing compliance through the Mid-Point Peer Review and established monitoring approaches including the Annual Institutional Update, Recommendation Responses, follow-up that may result directly from major accreditation activities, and substantiated information the Commission receives outside of the established accreditation cycle (Exhibit PP - Accreditation Review Cycle Policy; Exhibit PP - Accreditation Review Cycle Procedures; Exhibit PP - Accreditation Activities Guidelines).

At the mid-point between self-study evaluations the Commission conducts the Mid-Point Peer Review (MPPR), which facilitates a review of (1) Recommendation Responses as may be required by the Commission, (2) four years of accumulated student achievement data, viability and capacity data, and financial information collected through the Annual Institutional Update, and (3) contextual information that may be provided by the institution about its performance on the data indicators. The Commission compiles the MPPR Data Report and applies metrics for student achievement, viability and capacity, and finances that identify whether there are no or minimal concerns, moderate concerns, or serious concerns. The guidelines and indicators used are published on the Commission’s website and provided in Exhibit W - MPPR FAQs on pages 2-4. Institutions for which moderate or serious concerns are identified may provide additional contextual information for review by peer evaluators. Peer evaluators then complete their analysis of the MPPR Data Report, the institution’s additional contextual comments, and any required Recommendation Responses, and confirm the level of concern with the key data indicators in the MPPR Evaluator Report. The MPPR materials undergo review by committee and results in Commission action that may include (1) no further reporting, (2) directing the institution to address specific areas in its next self-study report, (3) a request for further evidence in conjunction with each
Annual Institution Update until the next self-study evaluation, or (4) a request for a focused report and focused team visit. The full MPPR process is described in Exhibit PP – Accreditation Review Cycle Procedures, Section III, pp 6-9, and the actions the Commission may take are defined in Exhibit PP - Accreditation Actions Procedures, Section VII, p 9. The MPPR Evaluator Report template is provided in Exhibit F - MPPR Evaluator Report_2020.

The Annual Institutional Update (AIU) is the Commission’s means of ongoing monitoring of changes in key data indicators that may signal a need for outreach to the institution. Data is collected annually on student achievement, viability and capacity, and finances. All key data indicators are defined, and data sources identified in AIU data dictionaries provided for public, non-profit, and for-profit institutions (Exhibit G – AIU_Public; Exhibit G – AIU_NonProfit; and Exhibit G – AIU-For_Profit). Student achievement indicators include retention, graduation, and default rates, and financial indicators include primary reserve ratio, viability ratio, net income, and return on net assets. As described in response to 602.16(a)(1)(i), the data are reviewed annually against prior year data to determine whether there is no or minimal concern, moderate concern, or serious concern with the institution’s performance. The Commission’s staff (Vice President) liaisons are provided the data and level of concern for each institution, and where serious concerns are identified, the Commission may outreach to the institution for explanation and may request an Out of Cycle Supplemental Information Report to obtain further information about the circumstances and any plans for improvement. The guidelines and indicators for determining the levels of concern based on AIU data are published in the AIU Annual Review Indicators and Guidelines (Exhibit G - AIU Indicators and Guidelines).

When the Commission takes any action in accordance with its Accreditation Actions Policy and Procedures, it may determine that additional oversight is needed and may request any form of follow-up provided in Accreditation Review Cycle and Monitoring Policy and Procedures and defined in Accreditation Activities Guidelines (see Exhibit PP – Accreditation Review Cycle Procedures, Section IV. pp 9-12, and Exhibit PP - Accreditation Activities Guidelines, Section V, pp 2-3).

When there are no non-compliance issues but additional oversight is needed, the Commission it will request annual reporting through Recommendation Responses submitted in conjunction with the AIU. Recommendation Responses are a narrative that describes actions the institution has taken or plans to take relative to the concerns identified in the Commission’s previous action and may include accomplishments and outcomes, action plans, benchmarks, assessment results, and/or data trends, or indicate that the no action has been taken during the specified period. By requiring annual, iterative updates, the Commission has a cumulative view of the institution’s progress and can intervene should it appear that insufficient progress is being made. The procedures for Recommendation Responses is provided in Exhibit PP – Accreditation Review Cycle Procedures, Section IV.B., pp 10-11.

The Commission also may request several types of written follow-up reports and follow-up visits when concerns are more serious and require peer review prior to the next self-study or MPPR. A Supplemental Information Report (SIR) may be requested when an institution is in compliance but evidence is needed that the institution is carrying out planned or newly implemented activities. A Focused Report and Focused Team Visit may be requested when serious concerns arise from the MPPR and additional information and evidence is needed to ensure that the institution is in compliance. When an institution is placed on Warning or Probation, the Commission requires a Monitoring Report and team visit, and when the institution is reaffirmed following non-compliance, the Commission requires another Monitoring Report and may require a team visit. Institutions on Warning or Probation are also required to submit a teach-out plan and agreements, if applicable.
In the event of a Show Cause action, the Commission directs a Commission liaison guidance visit and requires a Show Cause Report that presents the institution’s case as to why its accreditation should not be withdrawn. The Commission liaison guidance visit, which may include other staff and/or Commission representatives, provides information and guidance to the institutional community in understanding the Commission’s expectations. The Show Cause Report requires evidence that all necessary improvements have been made and that the institution meets all standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements. A Show Cause Report is followed by an on-site Show Cause Visit to verify information provided in the report and verify the institution's ability to sustain ongoing compliance. The Commission requires a teach-out plan and agreements, if applicable. The institution is provided an opportunity to appear before the Commission and present its argument as to why the institution’s accreditation should not be withdrawn and to answer Commissioners’ questions. (Exhibit PP - Show Cause Appearance Procedures).

The Commission’s established Guidance for Issuance of Out-of-Cycle Supplemental Information Report Requests establishes the circumstances under which the Commission may require information outside of the regular review cycle and established monitoring activities. Information that prompts such a request may be received from the USDE, state agencies, other recognized accreditors, media, and the public (Exhibit PP – Guidance_Issuance of SIR).

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

As noted in the narrative, in accordance with the agency’s Accreditation Review Cycle and Monitoring Policy, institutions are monitored and evaluated through self-study’s, on-site evaluations, mid-point peer reviews, correspondence, special interim reports, ongoing monitoring activities, and focused evaluation visits as may be requested by the Board. (Ex. PP Accreditation Review Cycle and Monitoring Procedures)

Through the agency’s Mid-Point Peer Review (which occurs midway through the accreditation cycle) the agency looks at five years of accumulated data submitted by institutions through the Annual Institutional Update. The purpose of the mid-point review is to look at key data indicators for student achievement and to identify trends, viability and capacity, financial health of the institution, requirements of affiliation, policies and procedures, and Federal requirements. The Commission utilizes ongoing monitoring activities to substantiate information received from external sources or materials and collect necessary data, where needed. The agency also requests Annual Institutional Updates from its member institutions to apprise the agency of trends in key data indicators (including enrollment, financial information, and measures of student achievement) to inform the Commission of the need for other monitoring activities.

The agency provides documentation of its monitoring practices including a template Mid-Point Peer Review Evaluator Report (Ex. F), the Annual Institutional Updates from three different institutions (a public, non-profit, for-profits), and its Show Cause Appearance before the Commission Prior to Withdrawal of Accreditation (Ex. PP). Taken together, these documents demonstrate the agency’s compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.19(c)
Description of Criteria

(c) Each agency must monitor overall growth of the institutions or programs it accredits and, at least annually, collect head-count enrollment data from those institutions or programs.

Narrative:
On an annual basis, the Commission collects and monitors enrollment data on all member institutions through the AIU. Data are reviewed against prior year data to determine whether there is no or minimal concern, moderate concern, or serious concern. For purposes of Full Time Equivalent (FTE) enrollment, the Commission has no or minimal concern if the FTE has increased or decreased by less than 15% during the last two years; has moderate concern if FTE has fluctuated by 15-30% over the last two years; and has serious concerns if FTE has fluctuated by more than 40% in the past two years. The Commission’s staff (Vice President) liaisons are provided a report showing the level of concern on each data indicator to determine whether any follow-up may be necessary in light of other information the institution may have provided in its AIU and whether the institution is currently in some form of monitoring related to the concerns.

Four-year enrollment trends, as reported through IPEDS, are evaluated by peer evaluators in the MPPR under viability and capacity. Institutions are rated as having no or minimal concern if FTE has remained relatively level during the last four years fluctuating by less than 15%; moderate concern if FTE has fluctuated by 15-40% over the last four years; and serious concern if FTE has fluctuated by more than 40% over the past four years. Institutions can provide additional contextual information for peer evaluators who will describe their concerns in the MPPR Peer Evaluator Report. The institution is expected to respond in writing through an Institutional Response. In cases where there are moderate or serious concerns, the peer evaluators can make recommendations to the Commission for action. (Exhibit G – AIU Indicators and Guidelines)

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Analyst Worksheet- Narrative
Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:
The agency must provide documentation of the annual headcount documents it receives and evaluates to demonstrate this policy in practice.

Analyst Remarks to Narrative:

Under the agency's Annual Institutional Update (AIU), the Commission collects and monitors institution enrollment, financial information, and student achievement data on a yearly basis (Ex. PP Accreditation Review Cycle Procedures). The purpose of this review is to identify annual changes and trends that may impact the ability of the institution to remain in compliance with agency standards. Aside from providing the Annual Institutional Update Indicators and Guideline which is the agency's policy, the agency did not provide documentation to demonstrate the application of its annual headcount policy in practice.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The agency now provides the documentation to demonstrate the application of its annual headcount policy in practice. In the April 1, 2021, submission, the agency described how it collects head-count enrollment on an annual basis, and how agency staff monitor the data collected in the AIU on at least an annual basis to identify institutions that need additional monitoring (Ex. PP - Accreditation Review Cycle Procedures). Those procedures have since been revised, effective October 1, 2022 to provide more details about the agency’s definition of significant overall enrollment growth but the process and application of institutional monitoring through supplemental information reports (SIRs) remains the same (01-602.19c_Accreditation-Review-Cycle-Procedures-Oct-1-2022, Pages 11-12).

Recent AIU examples demonstrate the application of how the agency monitors annual headcount aligned with policy and using the agency's guidelines and indicators. One institution that appeared to be triggering a serious concern related to headcount was actually the result of consolidated reporting of enrollments from an additional location with the main campus. The institution had previously reported enrollments separately for the additional location and the main campus. For this institution, agency staff further inquired of the institution, and the agency determined no additional action was necessary because it was a reporting issue. A second institution that came to the attention of agency staff was engaged in the self-study process with an evaluation team positioned to consider enrollment data and changes to ensure continued compliance with agency expectations. Following the evaluation team visit, the Commission required additional monitoring through a supplemental information report (SIR) and follow-up visit by another team to ensure continued compliance following the enrollment growth in the area of sufficient faculty, support for student services, and the adequacy of institutional resources. The third institution that required consideration had recently submitted new programs to be peer reviewed through the substantive change process, where the agency was aware of the potential for increasing enrollment and evaluated the institution's readiness to support that enrollment through the substantial evidence submitted by the institution. For this reason, additional monitoring was not necessary. These are the only three instances during the recognition period that allow the agency to demonstrate its application of the annual headcount policy in practice.
Further discussion of the agency’s process for monitoring significant enrollment growth is provided in 602.19(d) that follows this section.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

The agency has submitted narrative and documentation of three institutions’ Annual Institutional Update to demonstrate how it receives and evaluates the overall growth of the institution annual headcounts (Ex. 02-602.29d).

Effective October 2022, the agency revised its policy to clarify how it collects head-count enrollment. The Commission staff will request additional information from the institution in the form of a supplemental information report (SIR). The Commission may also request information if an institution reports data that suggest serious concerns in the guidelines and indicators selected by the Commission or an institution experiences significant overall enrollment growth (an increase of 50 percent or more in full-time enrollment, as reported in the AIU, over the prior year). If an institution reports data that suggest serious concerns, the institution must provide a report on enrollment by educational program; the institution must explain how the institution can maintain the quality of educational programs and services while experiencing significant growth; the Commission staff may also direct a follow-up visit; and for institutions which offer programs via distance education or correspondence education, the Commission staff will report significant enrollment growth to the Department via the Database of Accredited Postsecondary Institutions and Programs (DAPIP) within 30 days of acquiring the data.

The agency’s revised policy/procedures are in accordance with this criterion and the submitted documentation satisfy previous Department staff concerns.

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Criteria: 602.19(d)
Description of Criteria

(d) Institutional accrediting agencies must monitor the growth of programs at institutions experiencing significant enrollment growth, as reasonably defined by the agency.
Narrative:
The Commission monitors year-to-year enrollment growth through the Annual Institutional Update (AIU) and monitors the growth trend over four years through the Mid-Point Peer Review (MPPR). As described in response to 602.19(c), the AIU data, which includes enrollment, are reviewed annually by staff against the previous year to determine whether there are significant changes that signal moderate or serious concerns. With regard to enrollment a serious concern is identified if Full Time Enrollment (FTE) has increased or decreased by more than 40% compared to the previous year. Institutions for which a serious concern is identified are asked for a Supplemental Information Report (SIR). During this period of recognition, the Commission has not had a circumstance that required an institution to report on significant enrollment growth. (Exhibit G – AIU Indicators and Guidelines)

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation of its annual review of an institution’s enrollment, financial information, and student achievement.

Analyst Remarks to Narrative:

As noted above, the agency monitors enrollment data submitted from the AIU are aggregated into trends for use in other monitoring and review processes such as the Mid-Point Peer Review. The Commission has no or minimal concern if full-time equivalent enrollment has increased or decreased by less than 15% during the last two years; has moderate concern if the institution’s full-time equivalent
has fluctuated by 15-30% over the last two years; and has serious concerns if an institution’s full-time equivalent has fluctuated by more than 40% in the past two years. (Ex. G)

Although the agency also attests that it has not had a circumstance that required an institution to report on significant enrollment growth, the agency did not provide an Annual Institutional Update or any institution in order for Department Staff to evaluate how the agency monitors institutions in accordance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The agency is now providing an institution-specific Annual Institutional Update (AIU) report to demonstrate the enrollment data monitored by the agency (01-602.19d_GWU_AIU-Data-Report-2021). The agency is also providing two examples of reports with the institution’s processed AIU results which are used to conduct the analysis (02-602.19d_GWU_AnnualUpdateDemographics 2021; 03-602.19d-GWU_AIU RYG snapshot 2021).

In the April 1, 2021 submission, the agency described the process it uses to monitor year-to-year enrollment through the Annual Institutional Update (AIU). The AIU data, which includes enrollment, are reviewed annually by staff against the previous year to determine whether there are serious concerns. Serious concerns are identified if Full Time Enrollment (FTE) has increased or decreased by more than 40 percent compared to the previous year (Ex. G – AIU Indicators_Guidelines). The agency’s Accreditation Review Cycle and Monitoring Procedures, as submitted in the April 1, 2021 submission stated that the agency staff may request a supplemental information report (SIR) when the data indicators suggest serious concerns (Ex. PP - Accreditation Review Cycle Procedures, Section IV.A.9, Page 10). Serious concerns were outlined in the AIU Indicators and Guidelines document (Ex. G). Under those guidelines, significant enrollment growth was included within the trigger for serious concerns (an increase of 40 percent or more in enrollment). The Substantive Change Procedures also contained the provision to request a SIR when the institution experienced significant enrollment growth or rapid growth in the number of locations (Ex. PP – Substantive Change Procedures, Page 11). The agency relied upon a mechanism whereby each Vice President liaison reviewed any serious concerns and sought additional information from institutions to assess all of the indicators, including enrollment growth.

The agency revised the Accreditation Review Cycle and Monitoring Policy and Procedures, effective October 1, 2022, to not only bring together the details for this procedure which were contained within different policy documents, but also to clearly define significant enrollment growth. The revised procedures now define significant enrollment growth as an increase of 50 percent or more in full-time
enrollment, as reported in the AIU, over the prior year. The revised procedures also specifically outline the steps for how the agency annually monitors the growth of programs at institutions experiencing significant enrollment growth (04-602.19d_Accreditation-Review-Cycle-Procedures, Section IV.A.12.b, Page 12 and Appendix A, item 1, Page 17). Once significant enrollment growth is triggered, the steps defined in the procedures are as follows: (i) the institution must provide a report on enrollment by educational program in accordance with federal regulation 34 CFR § 602.19(d); (ii) the institution must explain how the institution can maintain the quality of educational programs and services while experiencing significant growth; (iii) the agency staff may also direct a follow-up visit; (iv) for institutions which offer programs via distance education or correspondence education, the agency staff will report significant enrollment growth to the United States Department of Education (USDE) via the Database of Accredited Postsecondary Institutions and Programs (DAPIP) within 30 days of acquiring the data in accordance with federal regulation 34 CFR § 602.19(e); (v) the agency will inform the institution of such notification to the USDE. During the period of recognition, the agency has not had a circumstance of significant enrollment growth to report.

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

As noted above, the agency monitors enrollment data submitted from the Annual Institutional Update (AIU) including the growth of programs at institutions experiencing significant enrollment growth. The agency submitted an institutions AIU which captures general information, enrollment data, student achievement (including retention rates, and graduation rates), student demographics, and finances (Ex. 02-602.19d). The agency also submitted an institution’s Executive Summary which demonstrate full-time enrollment data and graduation rates over a five-year period (Ex. 01-602.19d) all of which satisfy previous Department staff concerns.

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Criteria: 602.19(e)

Description of Criteria

(e) Any agency that has notified the Secretary of a change in its scope in accordance with §602.27(a) must monitor the headcount enrollment of each
institution it has accredited that offers distance education or correspondence courses. The Secretary will require a review, at the next meeting of the National Advisory Committee on Institutional Quality and Integrity, of any change in scope undertaken by an agency if the enrollment of an institution that offers distance education or correspondence courses that is accredited by such agency increases by 50 percent or more within any one institutional fiscal year. If any such institution has experienced an increase in head-count enrollment of 50 percent or more within one institutional fiscal year, the agency must report that information to the Secretary within 30 days of acquiring such data.

Narrative:

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation in response to this criterion.

Analyst Remarks to Narrative:

Department staff are unable to evaluate whether the agency has a process in place given the agency failed to provide an answer to this criterion.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

In the section under 602.19(d), the agency described the process it uses to monitor year-to-year enrollment through the Annual Institutional Update (AIU). The AIU data, which includes enrollment, are reviewed annually by staff against the previous year to determine if there is significant enrollment growth.
The agency revised the Accreditation Review Cycle and Monitoring Policy and Procedures, effective October 1, 2022, to outline the steps the agency follows when significant enrollment growth is triggered in the AIU (01-602.19e-Accreditation-Review-Cycle-Procedures, Section IV.A.12.b, Page 12 and Appendix A, item 1, Page 17). The revised procedures now clearly define significant enrollment growth as an increase of 50 percent or more in full-time enrollment, as reported in the AIU, over the prior year. Once significant enrollment growth is triggered, the steps defined in the procedures are as follows: (i) the institution must provide a report on enrollment by educational program in accordance with federal regulation 34 CFR § 602.19(d); (ii) the institution must explain how the institution can maintain the quality of educational programs and services while experiencing significant growth; (iii) the agency staff may also direct a follow-up visit; (iv) for institutions which offer programs via distance education or correspondence education, the agency staff will report significant enrollment growth to the United States Department of Education (USDE) via the Database of Accredited Postsecondary Institutions and Programs (DAPIP) within 30 days of acquiring the data in accordance with federal regulation 34 CFR § 602.19(e); (v) the agency will inform the institution of such notification to the USDE.

Should an institution report a 50 percent or more increase, the policy and procedures define the steps the agency will take to report the enrollment growth for institutions which offer distance education or correspondence education to the Department within 30 days of obtaining that data (01-602.19-Accreditation-Review-Cycle-Procedures-Oct-1-2022, Section IV.A.12.b.iv, Page 12).

During the period of recognition, the agency has not had a circumstance of significant enrollment growth to report.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

As noted in the narrative, MSCHE has adopted a policy effective October 2022 that define significant enrollment growth as an increase of 50 percent or more in full-time enrollment, as reported in the AIU, over the prior year. Additionally, the policy requires Commission staff to request additional information from the institution in the form of a supplemental information report (SIR) if an institution experiences significant overall enrollment growth (an increase of 50 percent or more in full-time enrollment, as reported in the AIU, over the prior year) The institution must provide a report on enrollment by educational program and explain how the institution can maintain the quality of educational programs
and services while experiencing significant growth. For institutions which offer programs via distance education or correspondence education, the Commission staff will report significant enrollment growth to the Department of Education via the Database of Accredited Postsecondary Institutions and Programs (DAPIP) within 30 days of acquiring the data.

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Criteria: 602.20(a)
Description of Criteria

(a) If the agency’s review of an institution or program under any standard indicates that the institution or program is not in compliance with that standard, the agency must—

(1) Follow its written policy for notifying the institution or program of the finding of noncompliance;

(2) Provide the institution or program with a written timeline for coming into compliance that is reasonable, as determined by the agency’s decision-making body, based on the nature of the finding, the stated mission, and educational objectives of the institution or program. The timeline may include intermediate checkpoints on the way to full compliance and must not exceed the lesser of four years or 150 percent of the—

   (i) Length of the program in the case of a programmatic accrediting agency; or

   (ii) Length of the longest program at the institution in the case of an institutional accrediting agency;

(3) Follow its written policies and procedures for granting a good cause extension that may exceed the standard timeframe described in paragraph (a)(2) of this section when such an extension is determined by the agency to be warranted; and

(4) Have a written policy to evaluate and approve or disapprove monitoring or compliance reports it requires, provide ongoing monitoring, if warranted, and evaluate an institution’s or program’s progress in resolving the finding of noncompliance.

Narrative:
The Commission seeks to ensure fair, equitable, and consistent accreditation actions, takes actions and notifies institutions promptly, provides close monitoring and guidance to institutions that may have a non-compliance finding or otherwise require monitoring, and requires compliance within established timeframes according to federal regulation and Commission policy and procedures.
At its November 21, 2019, meeting, the Commission adopted a new total non-compliance period of five years effective July 1, 2020, which represents a 36-month potential non-compliance period with two possible extensions as allowed by federal regulation. The non-compliance period may be followed by opportunities for two one-year extensions for good cause if warranted (Exhibit PP – Accreditation Actions Policy; Exhibit PP - Accreditation Actions Procedures, see Section IV Non-Compliance Actions, pp 4-7). The Commission considered the flexibility afforded by the new regulations (published November 1, 2019 and effective July 1, 2020) to apply non-compliance periods based on the length of an institution’s programs. Although the regulations allow for up to a 36-month non-compliance period for institutions whose longest program is two years and up to a 48-month non-compliance period for institutions whose longest program is 4 years, the Commission opted not to apply different requirements across its member institutions. The Commission established a 36-month period of non-compliance to be applied to all member institutions regardless of the length of the longest program offered by the institution. This approach is grounded in the Commission’s commitment to principles of the fair, equitable, and consistent application of its policies and procedures. As an agency whose membership includes institutions that offer two-year degrees as well as institutions that offer four-year degrees, a period of 36 months meets the requirements of 602.20(a)(2)(ii). Should the Commission determine that a shorter period of non-compliance is required, it has the authority to require an institution to show cause prior to the expiration of the 36-month period. As stated in the Accreditation Actions Procedures Section IV.C., “while the initial non-compliance period is 36 months, the Commission retains the authority to take any action at any point during this period of time. A sequence of action is not required...” (Exhibit PP – Accreditation Actions Procedures, see Section IV.C., p 4).

The Commission meets three times each year to take accreditation actions, and the Executive Committee has authority to act on behalf of the Commission as necessary between meetings to take actions on substantive change, accreditation, and institutional membership as may be necessary (Exhibit O – MARCHE Bylaws, see Section 6.02(b), p 9; also reflected in Exhibit PP - Accreditation Actions Policy, Section II). The Accreditation Actions Policy and Procedures were updated and published July 1, 2020, to align with the federal regulations effective July 1, 2020. The policy and procedures provide the actions that the Commission may take regarding all aspects of accreditation including application and candidacy, reaffirmation, non-compliance, adverse actions, appeals, Mid-Point Peer Review, substantive change, and teach-outs. Procedural actions included in the policy and procedures reflect accreditation process rather than institutional compliance or alter the timing or schedule of the accreditation review cycle (Exhibit PP - Accreditation Actions Procedures).

When one or more standards for accreditation, requirements of affiliation, policies or procedures, or applicable federal regulatory requirements are not met, the Commission must take a non-compliance or adverse action. The non-compliance actions of warning, probation, or show cause require the institution to submit a monitoring or show cause report and host a visit. The Commission determines the due date for the Report, which is based on the specific areas of non-compliance and the timeframe that will allow the follow-up team an opportunity to see evidence of institutional progress and compliance. Section IV of the Accreditation Actions Procedures defines the Commission’s non-compliance actions of warning, probation, and show cause (Exhibit PP - Accreditation Actions Procedures, pp 4-6). Adverse actions – to deny Candidate for Accreditation Status or accreditation, or withdraw Candidate for Accreditation Status or accreditation – are defined in Section V (Exhibit PP - Accreditation Actions Procedures, pp 7-8).

Commission actions of warning, probation, or show cause (none of which is deemed to constitute an adverse action) automatically result in reevaluation of the institution’s status prior to the expiration of the 36-month period. As described in the Accreditation Actions Procedures, Section IV.C.2., an
institution placed in the non-compliance status of warning or probation is required to provide evidence to demonstrate compliance through one or more monitoring reports and visits in order for the Commission to determine compliance. The Commission directs a Commission liaison guidance visit which may include other staff and/or Commission representatives in order to communicate the Commission’s expectations. In establishing the appropriate schedule for reporting, the Commission may consider the nature and complexity of the non-compliance issues, the stated mission and educational objectives of the institution, and the Commission’s level of concern that the institution has the capacity to sustain itself in the long term and achieve compliance.

The Commission can take an adverse action at any point during the 36-month non-compliance period. The accreditation action states that federal regulations limit the period during which an institution may be in non-compliance and identifies all required follow-up activities including the deadlines of any reports. Exhibit I – Non-Compliance Action demonstrates that the Commission identifies the areas of non-compliance, informs institutions of the federal limit on non-compliance, and clearly provides the required activity and deadlines. The Accreditation Actions Policy and Procedures, which are hyperlinked within the non-compliance notification, inform institutions and remind Commissioners of the maximum period of non-compliance. Commission staff also communicate the expectations and sequence and timing of reports during the Commission liaison guidance visit.

At each Commission meeting, staff provide a timeline tool for Commissioners to make determinations of the timing of reports and visits, allow for due process activities such as the Show Cause Appearance before the Commission, and ensure that a reaffirmation or adverse action is taken within the established timeframe for any institution in non-compliance (Exhibit G - Non-Compliance Timeline_March 2021). Once reaffirmed, the institution must submit another monitoring report.

An institution that is asked to show cause to demonstrate why its candidate for accreditation status or accreditation should not be withdrawn is required to provide a show cause report and undergo a show cause visit to verify the institution’s ongoing and sustainable compliance. The notice of a show cause action also provides notice of the opportunity to appear before the Commission when the Commission meets to consider the institution’s show cause status. The appearance is an opportunity for the institution to present, in the nature of a presentation, its reasons why accreditation should not be withdrawn (Exhibit PP - Show Cause Appearance Procedures).

If an institution has not yet achieved compliance at the end of the 36-month period of non-compliance, the Commission may continue an institution’s non-compliance status and extend for good cause as a form of exceptional relief. The Accreditation Actions Policy and Procedures make clear that such an extension is not an institutional right and that a decision to grant an extension for good cause is made at the sole discretion of the Commission. The Commission’s policy in effect at the time the new regulations were published, November 1, 2019, allowed the opportunity for an institution to be granted two one-year extensions for good cause following the 24-month period of non-compliance. With the impending changes in federal regulation that lengthen the non-compliance period, the Commission considered the limits that past policy and procedures set on extensions for good cause. The Commission determined that policy and procedures should be revised to temporarily provide for one additional opportunity for an extension for good cause as a mechanism to offer the five-year non-compliance. As a result, the Commission voted unanimously to allow for a third and final extension for good cause to meet the spirit of the new regulations and the five-year period of non-compliance available to institutions (Exhibit M – Minutes 112119, see p 2, paragraph 4).
Due to space limitations, the remainder of the Commission's response is provided in Exhibit N - 602.20(a) Narrative Continued.

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

As noted in the narrative, the agency policy requires the Commission to issue a warning or place an institution on probation if it appears that the institution is out of compliance with one or more of the agency's Standards for Accreditation, Requirements of Affiliation, policies and procedures, or applicable Federal regulatory requirements. Review of the report(s) and visit(s) required under any warning or probation action must be completed and accreditation reaffirmed in accordance with the schedule set
by the Commission and within 36 months unless extended for good cause. The Commission may continue an accredited institution’s noncompliance status and Extend for Good Cause beyond the original 36 months (which does not exceed 150 percent of the longest program at an institution). The Commission will set the length of the extension for good cause not to exceed one year and a decision to grant an extension for good cause is made at the sole discretion of the Commission (Ex. PP Accreditation Actions Procedures). This action will require the submission of a teach-out plan and if applicable teach-out agreement(s).

The agency provided documentation of a memorandum sent to one of its member institutions informing it that it was placed on probation and the additional monitoring actions/deadlines to follow due to its probationary status (Ex. I Non-Compliance 2019). The agency provided a list of all non-compliant actions that occurred during the review period including follow-up actions and deadlines which are consistent with agency policy (Ex. Required Non Compliance Actions 2021 03_25_1614).

The agency also provided the minutes from the November 2019 Commission meeting where the Commission discussed and voted on show cause appearances (Ex. M Minutes 112119). The meeting minutes provided were consistent with Department staff’s observation of a Commission meeting in June 2021 where the Commission discussed and voted on show cause appearance all of which are in accordance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.20(b-d)
Description of Criteria

(b) Notwithstanding paragraph (a) of this section, the agency must have a policy for taking an immediate adverse action, and take such action, when the agency has determined that such action is warranted.
(c) If the institution or program does not bring itself into compliance within the period specified in paragraph (a) of this section, the agency must take adverse action against the institution or program, but may maintain the institution’s or program’s accreditation or preaccreditation until the institution or program has had reasonable time to complete the activities in its teach-out plan or to fulfill the obligations of any teach-out agreement to assist students in transferring or completing their programs.
(d) An agency that accredits institutions may limit the adverse or other action to particular programs that are offered by the institution or to particular additional locations of an institution, without necessarily taking action against the entire institution and all of its programs, provided the noncompliance was limited to that particular program or location.

Narrative:

The Commission is committed to principles of due process throughout its accreditation review and decision-making processes and provides institutions with opportunities to submit evidence of compliance prior to any adverse action. The Commission may require an accredited institution to show cause or continue show cause and note that the institution’s accreditation is in jeopardy when, in the Commission’s judgment, the institution does not appear to be in compliance with one or more Commission standards for accreditation, requirements of affiliation, policies and procedures, or applicable federal regulatory requirements, and there is evidence that the non-compliance is sufficiently egregious that it raises concern about one or more of the following: (1) the institution has not made sufficient progress toward achieving compliance; (2) the institution does not appear to demonstrate the capacity to demonstrate compliance with one or more Commission standards for accreditation, requirements of affiliation, policies and procedures, or applicable federal regulatory requirements within 36 months as allowed under federal regulation under 34 CFR §602.20(a)(2); (3) the institution is in imminent danger of closing; (4) the institution has demonstrated a lack of integrity, truthfulness, or responsibility and the Commission believes that students may be harmed; or (5) information collected by the Commission under monitoring activities suggests serious concerns related to student achievement, viability and capacity, or financial health. (Exhibit PP — Accreditation Actions Procedures, see pp 5-6)

If the institution elects not to present its case by means of a show cause report and show cause visit, or does not comply with the Commission’s procedures, request for written reports, teach-out plans, or other information, the Commission may take an immediate adverse action (Exhibit PP - Accreditation Actions Procedures, See Section V.F., p 8). All adverse actions are appealable in accordance with established policy and procedures but become final when any appeals process available to the institution is concluded under the Commission’s Appeals from Adverse Accrediting Actions Procedures (Exhibit PP – Appeals from Adverse Accrediting Actions Procedures).

In determining the date on which the withdrawal of the institution’s status will become effective, the Commission will consider the status of the institution’s degree granting authority and its teach-out plan and the impact on students. In the event a Candidate institution is denied accreditation, the Commission will maintain the institution’s Candidate for Accreditation status for currently enrolled students for no more than 120 days. The Commission may extend the period for good cause so that the institution has reasonable time to complete activities in its teach-out plan to assist currently enrolled students in transferring or completing their programs (Exhibit PP - Accreditation Actions Procedures, see Section V.C., p 8; Exhibit F - Teach Out Plans and Agreements Form, see especially Section 1. c-e). A good cause extension in accordance with 602.23(f)(1)(iii) must meet the Commission’s requirements for a good cause extension defined in Accreditation Actions Policy and Procedures (See Exhibit PP - Accreditation Actions Procedures, Section IV.G., pp 6-7).

The Commission is an institutional accreditor and does not limit its actions to particular programs or particular locations.
Meets the requirements of this section

Analyst Remarks to Narrative:

The agency’s Accreditation Actions Procedures allows the Commission to take an immediate adverse action when the agency has determined that an institution chooses not to present its case by means of a show cause report and show cause visit, or the institution does not comply with the Commission’s procedures, requests for a written reports, teach-out plan, or other information. An adverse action becomes final when any appeals process available to the institution is concluded under the Commission’s Appeals from Adverse Accrediting Actions Procedures.

If an institution is denied accreditation, the agency’s Accreditation Actions Procedures allows the Commission to maintain its accreditation status for currently enrolled students for no more than 120 days. Additionally, the Commission may (reasonably) extend the period of time for institutions to complete teach-out plans to allow enrolled students time to transfer or complete their programs (Ex. PP Accreditation Actions Procedures, Ex. F Teach Out Plans and Agreements Form).

The agency’s policy does not appear to address paragraph (d) of this section. Paragraph (d) is optional; however, the agency must inform Department staff whether it will or will not establish policy related to paragraph (d) of this section.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded
Criteria: 602.20(e)

Description of Criteria

(e) All adverse actions taken under this subpart are subject to the arbitration requirements in 20 U.S.C. 1099b(e).

Note: 20 U.S.C. 1099b(e) Initial Arbitration Rule. – The Secretary may not recognize the accreditation of any institution of higher education unless the institution of higher education agrees to submit any dispute involving the final denial, withdrawal, or termination of accreditation to initial arbitration prior to any other legal action.

Narrative:
The Commission’s Amended Bylaws, effective July 1, 2020, incorporated requirements of arbitration for its members. Institutions agree as a condition of membership to exhaust all appeal opportunities and to submit any post-appeal disputes to commercial arbitration in accordance with the Commission’s bylaws, policies, and procedures before initiating any other legal action (Exhibit O - MARCHE Bylaws, see especially Section 4.04(d), p 4; Exhibit PP - Accreditation Actions Policy, and Exhibit PP - Accreditation Actions Procedures). The Commission has drafted and will finalize the Arbitration of Disputes Concerning Final Adverse Actions Procedures to make clear the procedures that follow a final adverse action.

Document(s) for this Section

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation demonstrating the application of its policy or inform Department staff that it has not applied its policy for arbitration during this recognition period.

Analyst Remarks to Narrative:

The agency’s Amended Bylaws, effective July 2020, includes a policy related to arbitration. The Bylaws state, in accordance with federal regulations, institutional members shall submit any dispute involving adverse accreditation actions of MSCHE (including without limitation a final denial, withdrawal, or termination of accreditation) to commercial arbitration in accordance with the Commission’s arbitration policy before initiating any other legal action. The agency did not inform Department staff if it has applied its policy for arbitration during the recognition period.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The agency did not apply its arbitration policy or procedures as no adverse actions were taken against member institutions during the recognition period.

At the time of the April 1, 2021 submission, and the agency was in the process of developing its Arbitration of Disputes Concerning Final Adverse Actions Procedures. The agency is now able to provide updated versions of each of these documents, with additional explanation, which supplements the previously provided evidence for this criterion which included the agency’s Bylaws and Accreditation Actions Policy and Procedures.

The agency amended its Bylaws since the April 1, 2021, submission (01-602.20e_MARCHE-Bylaws-Nov-1-2022). The amendments did not impact the agency’s policy concerning arbitration. The agency’s Bylaws, amended and effective July 2022, maintains the same policy related to arbitration as the original submission. Article IV, Section 4.04(d), page 4, continues to state:
“In accordance with federal regulations, institutional members shall exhaust all appeal opportunities and submit any dispute involving final adverse actions of MSCHE (including without limitation a final denial or withdrawal of candidate for accreditation status or accreditation) to arbitration in accordance with the Commission’s arbitration procedures before initiating any other legal action”

The agency amended its Accreditation Actions Procedures section on adverse actions as it relates to arbitration on October 1, 2022 (02-602.20e_Accred-Actions-Procedures-Oct-1-2022). The revisions did not impact the substance or applicability of MSCHE’s arbitration procedures but was revised to reference the specific name of the agency’s Arbitration of Disputes Concerning Final Adverse Actions Procedures in addition to 602.20e. The pre-October 1, 2022 version of the agency’s Accreditation Actions Procedures (Ex. PP), in Section I(E), page 9, stated:

All adverse actions are subject to the arbitration requirements in 34 CFR § 602.20(e).

The October 1, 2022 revised version of the agency’s Accreditation Actions Procedures, in Section VI(A), page 11, states:

All adverse actions are subject to the arbitration requirements in the Commission’s Arbitration of Disputes Concerning Final Adverse Actions Procedures and federal regulation 34 CFR § 602.20(e).

Although referenced in the April 1, 2021, submission as being in the development process, on July 1, 2021, the agency adopted the Arbitration of Disputes Concerning Final Adverse Actions Procedures to further outline the agency’s arbitration policy and procedures (03-602.e-Arbitration Procedures-Jul-1-2021). The agency continues to ensure these procedures remain up-to-date and aligned with any revisions to the Appeals from Adverse Actions Procedures to which it directly relates. Of note, the agency revised its Appeals from Adverse Actions Procedures on October 1, 2022, to clarify language related to 602.25(f). Accordingly, the agency also amended its Arbitration of Disputes from Adverse Actions Procedures on October 1, 2022 (04-602.20e_Arbitration-Procedures-Oct-1-2022). The revisions did not impact the substance or applicability of the agency’s arbitration procedures but were made to align with the clarification of the language contained in the Appeals from Adverse Actions Procedures and to remove any language that may have been interpreted as limiting the grounds for appeals or arbitration.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response
The agency has discussed that it has not applied its arbitration policy during the recognition period as no adverse actions were taken; therefore, Department staff are unable to evaluate the agency’s policy in practice. This information, in addition to the previous arbitration policy submission, satisfy previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.20(f-g)
Description of Criteria

(f) An agency is not responsible for enforcing requirements in 34 CFR 668.14, 668.15, 668.16, 668.41, or 668.46, but if, in the course of an agency’s work, it identifies instances or potential instances of noncompliance with any of these requirements, it must notify the Department.

(g) The Secretary may not require an agency to take action against an institution or program that does not participate in any title IV, HEA or other Federal program as a result of a requirement specified in this part.

Narrative:
Although the Commission does not have specific oversight responsibilities for the regulatory provisions cited in this section, the Commission is committed to its responsibilities as a title IV gatekeeper. Because the provisions identified in 602.20(f) and (g) are within the title IV program participation requirements, the Commission is obligated to notify the USDE if it has reason to believe a member institution is failing to meet its title IV program responsibilities or is engaged in fraud or abuse (Exhibit PP - Communication Policy; Exhibit PP - Communication Procedures, see section VI.D.4.). During this period of recognition, the Commission has not identified any instances or potential instances of non-compliance and therefore has not had occasion to apply this provision.

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Analyst Worksheet- Narrative
Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:

As noted in the narrative and documentation, the agency has a Communication Policy, whereby the Commission will notify the Department if there is reason to believe that the institution or program is failing to meet its Title IV, HEA program responsibilities or is engaged in fraud or abuse, along with the reason for the concern in accordance with this criterion. (Ex. PP Communication Procedures)

The agency attests that it has not identified any occurrences during the reporting period of non-compliance within the guise of this criterion.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.21(a-b)

Description of Criteria

(a) The agency must maintain a comprehensive systematic program of review that involves all relevant constituencies and that demonstrates that its standards are adequate to evaluate the quality of the education or training provided by the institutions and programs it accredits and relevant to the educational or training needs of students.

(b) The agency determines the specific procedures it follows in evaluating its standards, but the agency must ensure that its program of review--

(1) Is comprehensive;
(2) Occurs at regular, yet reasonable, intervals or on an ongoing basis;
(3) Examines each of the agency's standards and the standards as a whole; and
(4) Involves all of the agency's relevant constituencies in the review and affords them a meaningful opportunity to provide input into the review.

Narrative:

The Commission uses a comprehensive approach to reviewing its standards for accreditation and requirements of affiliation on a regular cycle (See Exhibit PP - Review of Commission Standards, Requirements of Affiliation, and Policies Policy) and ensures the appropriate application of the
standards for accreditation and requirements of affiliation as it conducts assessment activities during implementation.

The current Standards for Accreditation and Requirements of Affiliation, which were approved by member institutions in Fall 2014, reflect a shift from 14 to seven standards that strengthen the Commission’s focus on institutional effectiveness. The Commission’s extensive review involved the Commission, member institutions, and other relevant constituencies. The Commission also conducted ongoing assessment following implementation to ensure that the standards for accreditation and requirements of affiliation are clear and allow the Commission to make judgments about the quality of an institution. A steering committee representative of the MSCHE membership began the standards review process by setting forth guiding principles that framed the effort and provided context for the revision: standards would continue to be applied within the mission of each institution; accreditation should be centered on the student learning experience, institutions should be expected to pursue continuous improvement through self-appraisal and peer review, and the standards should reflect the Commission’s support for innovation as an essential part of the institutional improvement process.

The steering committee held “listening sessions” designed to gather input from member institutions and relevant constituencies including higher education experts as well as vocal critics of accreditation. Town hall meetings were held in fall 2013 to gather additional ideas and information from the higher education community and members of the general public. A draft of the proposed standards for accreditation were released at the Commission’s annual conference in December 2013, and the standards for accreditation and the review processes were overviewed in several MSCHE newsletters. Feedback on the draft standards for accreditation were solicited through additional town hall meetings in spring 2014. In addition, the Commission solicited feedback from over 4,000 individuals, organizations, and agencies, inviting them to comment on the proposed revisions. The recipients of these messages included all accreditors that were recognized by the U.S. Secretary of Education at that time, higher education officials in all 50 states, various higher education organizations, multiple people at various levels within every MSCHE institution, all attendees at the Commission’s 2013 Annual Conference, and others from the higher education community. During the open comment period from December 18, 2013, through January 31, 2014, the Commission collected 421 written comments about the proposed revisions. The Steering Committee made modifications to the draft standards for accreditation based on the feedback.

The revised standards for accreditation were reviewed twice and then endorsed by the Commission and its Executive Committee on June 26, 2014. Following the Commission’s unanimous endorsement of the revised standards, the Commission distributed an electronic ballot to the chief executives of member institutions who voted to approve the revised standards in September 2014. The Commission’s implementation phase involved a group of 15 institutions through a Collaborative Implementation Project (CIP) that allowed the Commission to guide institutions in interpreting and implementing them and to discern whether any changes were needed prior to full implementation with institutions in all cohorts.

The Commission has planned for the next review of its standards for accreditation and requirements of affiliation to be completed through a multi-phased project plan through 2025-2026 using similar strategies. In the first phase, already completed, the Commission reviewed all feedback from surveys beginning with the Collaborative Implementation Project (CIP) through the 2019 biennial membership survey which is described in response to 602.21(c) and (d). Staff also led a discussion with the Commission at its November 2020 meeting to invite Commissioners to have an open discussion about
the standards for accreditation and requirements for affiliation through guided questions based on preliminary feedback already received. A review of the standards involving the Commission’s constituencies is planned in the second phase and full implementation will occur in the third phase. As it has done with at least its last two comprehensive reviews and in accordance with its Review of Commission Standards, Requirements of Affiliation, and Policies Policy, the Commission plans to utilize a process that involves the Commission’s constituencies and provides appropriate opportunities for interested parties to provide input.

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Analyst Worksheet- Narrative
Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide a rationale for the change in policy from a review of the Standards and Requirements of Affiliation from at least every ten years to 11 or 12 years.
Analyst Remarks to Narrative:

The Commission conducts a comprehensive review of the Standards and Requirements of Affiliation individually and as a whole at least every ten years. The Commission also receives ongoing feedback from participants in the accreditation process following on-site evaluation. If the agency determines that substantive changes of the standards is warranted at any point in the ten-year period, action will be initiated within one year and the revision process will be completed during the following year. (Ex. PP Review of Commission Standards, Requirements of Affiliation, and Policies Policy) Further, the agency uses the input of member institutions, a steering committee, town hall meeting, and an open comment period to inform the agency of stakeholder input during the review.

For the last review period in 2013/2014, the steering committee held listening sessions and Town Hall meetings to gather input from member institutions, education experts, and vocal critics of accreditation regarding the Standards. From there, The Commission drafted proposed changes and solicited feedback from over 4,000 individuals, organizations, and agencies including all accreditors that were recognized by the U.S. Secretary of Education at that time, higher education officials in all 50 states, various higher education organizations, multiple people at various levels within every agency member institution, all attendees at the Commission’s 2013 Annual Conference, and others from the higher education community. The Commission also collected over 400 written comments during the open comment period and used the feedback to inform changes. Given the agency is an institutional accreditor with a vast number of institutions Department staff believes that the number of stakeholders involved in this process and the format used was appropriate to evaluate the quality of education provided by member institutions. (Ex. PP Review of Commission Standards, Requirements of Affiliation, and Policies Policy)

The agency further attests that its next review of the Standards for Accreditation and Requirements of Affiliation will be completed in 2025-2026 using strategies analogous to those outlined above. Department staff is concerned as to whether the agency is following its “at least ten years” review period timeline. The last review was initiated Fall 2013 and approved in the Fall of 2014, which is consistent with this criterion and the agency’s Standard; however, the agency also attests in its narrative that the next review will occur through 2025-2026, which is 12 years after the last review started and 11 years after the last review was finalized. Department staff will need additional information to determine the cause in delay and whether the agency is adhering to its regular review timeframe.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

As reported in the April 1, 2021, submission, the agency previously provided an incorrect date of the completion of the review of its Standards for Accreditation and Requirements of Affiliation. The agency has been coordinating this review since November of 2020 and had planned its completion in 2023. The review has been a strategic priority (#6) for the agency as reflected within The Future of the Commission, with all strategic priorities and their descriptions posted at the agency’s website. This priority reads: The
Commission will engage in assessment and evaluation to ensure efficiency in the work of the Commission and its Committees, determine whether an alternative structure may be necessary to better support the changing nature and increasing demands of accreditation, and will conduct an evaluation of the Standards for Accreditation and Requirements of Affiliation to ensure it fulfills its mission.

The review will be completed by March of 2023, when the agency will vote on the revisions at their regularly scheduled meeting. The planned launch and implementation timeline will begin during the new fiscal year on July 1, 2023. This review period places the agency well within its Policy for review of ten years (Exhibit PP Review of Commission Standards, Requirements of Affiliation, and Policies Policy). The agency regrets the error in the date of the completion of the review.

As additional evidence of meeting the expected review schedule, the agency offers the many milestones undertaken as part of the review. As previously reported, the review of the standards began with the launch of those Standards in 2014, when the agency drove the Collaborative Implementation Project with a pilot group of institutions. That feedback was tracked and used, with guidance provided to institutions and peer evaluators using the Standards after the CIP institution had done so. Following that substantial review, in November 2020, the Commission began to discuss the revisions and provided feedback and considerations for staff. An advisory group, including both staff and a commissioner representative, has been assisting with the review. (See 01-602.21a-b-Staff Advisory Groups 2022-2023; Page 6).

In December of 2021, at the agency's virtual annual conference, a presentation was provided to give an overview of the goals, direction, and next steps of the review process, which included listening sessions that would be hosted in January and February of 2022. The total audience members who participated in that session was 654. To support the collection of feedback following the presentation at the annual conference, the agency hosted a webpage at its public website where constituents could submit feedback, with reminders through email, news items, and social media (02-602.21a-b-Standards Review Initial Webpage). The agency also held listening sessions following the annual conference to discuss the review process and began to hear from constituents on the proposed approach and drafts. The webpage includes the schedule of listening sessions. The agency hosted a total of six listening sessions for constituents, and the total number registered reached 370, with 70% of registered constituents logging into the listening sessions along with 55 written comments being received. Following the listening sessions, the advisory group drafted and proposed changes to the Standards to share with the Commission at its March 2022 meeting, where the Commission endorsed the proposed revisions and direction. Additional drafting took place with the advisory group based on all feedback collected to date as the next iteration of the draft was crafted. The revised version based on all review activities resulted in proposed changes then being released in August of 2022 to the public through a presidential broadcast, additional public sessions with constituents, and additional updates to the webpage which
included another opportunity to submit feedback on the draft (03-602.21a-Standards Review Updated Webpage). Opportunities for written feedback remained open until September 9, 2022. In addition, the agency hosted standards review public sessions to provide opportunities for discussion of the revised draft standards. This resulted in 56 written comments being submitted as part of this phase of the review, ranging from general comments to those specific to the requirements of affiliation, with the most comments provided specific to the Standards. In addition to these written comments, 434 constituents registered for the public review sessions, with 80% logging onto the sessions. The number at those public review sessions reflected 227 of the agency’s 518 institutions and 13 others from outside the institutional membership. In addition, the agency’s leadership will hold a meeting with presidents, provosts, and Accreditation Liaison Officers on November 8, 2022, to discuss the changes to the Standards with them, among other topics (04-602.21a-b-Event on 11-08-2022).

Next steps also include the agency processing comments received from the public review sessions and the written comments, with final changes to the draft scheduled for presentation at the agency’s November 2022 Commission meeting. There, the agency will vote to endorse the changes. A session has been scheduled for the agency’s 2022 Annual Conference to unveil the final draft for consideration that will be presented for vote to the membership following the conference. The agency’s Annual Conference also includes breakfast meetings with the member’s presidents and provosts as well as its Accreditation Liaison Officers. At both meetings, the agency’s leadership will also be talking about the changes to the Standards with them (05-602.21a-b-2022 Annual Conference Program). Following a vote by the membership in early spring of 2023, the agency will then take final action through a vote to adopt the revised Standards at their March 2023 Commission meeting. The revised Standards will go into effect on July 1, 2023, and the Self-Study Institute offered to institutions in fall of 2023 will require the use of the revised Standards. All of these milestones have been publicly documented through the agency’s webpages dedicated to the 2022 Periodic Review of MSCHE Standards for Accreditation and Requirements of Affiliation. In addition, training for institutions, peer evaluators, and all Commission representatives will be undertaken in preparation for the launch.

The agency has included as evidence the current draft of its revised Standards for Accreditation and Requirements of Affiliation, with the notation that there remain opportunities for this draft to further be revised during the final planned phases of this review (See 06-602.21a-b-Draft of Revised Standards for Accreditation and Requirements of Affiliation). When the agency began the process of reviewing the 2014 Standards for Accreditation and Requirements of Affiliation, one of the goals of that project was to develop further guidance on any identified data or evidence that institutions should submit under each standard to demonstrate compliance. The agency has developed a draft document which lists the required evidence by standard, which will be finalized and released following the changes to the standards (07-602.16-Required Evidence by Standard-DRAFT). This document is based on evidence the agency expects under the revised standards and aligns with evidence it has received and evaluated under the current standards.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

The agency has discussed that it maintains a Standards for Accreditation and Requirements of Affiliation review cycle of “at least ten years” as required by its policy and that it erroneously indicated that its review cycle practice would last 11 or 12 years. This timeline correction satisfies previous Department concerns as it is in accordance with agency policy.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.21(c-d)
Description of Criteria

(c) If the agency determines, at any point during its systematic program of review, that it needs to make changes to its standards, the agency must initiate action within 12 months to make the changes and must complete that action within a reasonable period of time.

(d) Before finalizing any changes to its standards, the agency must—
   (1) Provide notice to all of the agency's relevant constituencies, and other parties who have made their interest known to the agency, of the changes the agency proposes to make;
   (2) Give the constituencies and other interested parties adequate opportunity to comment on the proposed changes; and
   (3) Take into account and be responsive to any comments on the proposed changes submitted timely by the relevant constituencies and other interested parties.

Narrative:

In addition to its comprehensive review of the standards that resulted in the current Standards for Accreditation and Requirements of Affiliation, the Commission conducted ongoing review and did not identify any needed corrections or substantive changes. As required by the Review of Commission Standards, Requirements of Affiliation, and Policies Policy, should the need for substantive changes in the standards be determined at any point, action will be initiated within one year and the revision process would be completed during the following year (Exhibit PP – Review of Commission Standards, Requirements of Affiliation, and Policies Policy, see Section II, page 1).
The agency attests and provided documentation of its Review of Commission Standards which allows the Commission to make substantive changes to its Standards if the agency determines that changes in the standards are warranted. The action must be initiated within one year and the revision process will be completed during the following year. The Review of Commission Standards, Requirements of Affiliation, and Policies Policy further provides that any substantive changes to standards for accreditation, requirements of affiliation, or accreditation-related policies will not be made without appropriate notification to member institutions. A meaningful opportunity for interested parties to provide input will be provided. (Ex. PP Review of Commission Standards, Requirements of Affiliation, and Policies Policy)

In accordance with agency Bylaws, “Institutional members are entitled to vote on all policies that affect the substance of agency accreditation standards and requirements and on major substantive policy statements (not including statements of good practices or principles), except those mandated under Federal law or regulation, the Commission, or the Executive Committee acting on behalf of the Commission” This policy does not preclude the Commission or staff from making technical amendments to clarify the meaning of standards, requirements of affiliation, or policies without necessarily providing a notice and comment period. Technical amendments include the addition of supplemental information, the deletion of unnecessary, undesirable, or outdated information, or the correction of errors existing in the text.
Criteria: 602.22(a)(1)(i)
Description of Criteria

(a)

(1) If the agency accredits institutions, it must maintain adequate substantive change policies that ensure that any substantive change, as defined in this section, after the agency has accredited or preaccredited the institution does not adversely affect the capacity of the institution to continue to meet the agency's standards. The agency meets this requirement if—

(i) The agency requires the institution to obtain the agency's approval of the substantive change before the agency includes the change in the scope of accreditation or preaccreditation it previously granted to the institution; and

Narrative:
The Commission's established substantive change policies and procedures align with regulation and provide clear, comprehensive guidance to both institutions and peer evaluators on all requirements related to substantive change including definitions, the procedures and expectations for submitting a request, conducting a review, and approval of a substantive change prior to its implementation. The Commission continues to recognize its responsibility to understand institutional activities in the way the Commission deems important and appropriate as an accreditor. In 2020, the Commission revised policy and procedures to refine its risk-based approach to institutional changes. The Commission endorsed a tiered model that places the substantive change review process across five levels, with the lowest level reflecting notifications, the middle levels requiring a review process with peer evaluators and Commission action, and the highest level of review designated as complex substantive change and requiring a review with peer evaluators as well as policy review and legal review. The revised policies and procedures ensure a more comprehensive process with better information specific to each type of substantive change.

The primary documents that govern substantive change are Substantive Change Policy, Substantive Change Procedures, Substantive Change Guidelines, and Complex Substantive Change Procedures. Additional guidance related to certain types of substantive change and any related requirements and guidance are provided in its Teach-Out Plans and Agreements Policy; Teach-Out Plans and Agreements Procedures, Teach-Out Plans and Agreements Form; Credit Hour Policy; Third Party Providers Guidelines; and Contracts by Accredited and Candidate Institutions for Education-related Services Policy (Exhibit PP - Substantive Change Policy; Exhibit PP - Substantive Change Procedures; Exhibit PP - Substantive Change Guidelines; Exhibit PP - Complex Sub_Change Procedures; Exhibit PP – Teach-Out Plans and Agreements Policy; Exhibit PP – Teach-Out Plans and Agreements Procedures; Exhibit PP – Teach-Out Plans and Agreements Form; Exhibit PP – Credit Hour Policy; Exhibit PP - Third Party Providers Guidelines; Exhibit PP - Contracts for Education-related Services Policy). The Accreditation Actions Policy and Procedures provides for substantive change actions the Commission may take, which also makes
clear that retroactive approval is not permissible. The Commission provides a dedicated webpage for information on Substantive Change including deadlines for submission, instructions for submitting a request for substantive change, a list of the types of substantive changes with links to the appropriate submission form, information on whether prior approval or notification is required, and links to other forms and resources that support the submission and review of substantive change requests https://www.msche.org/substantive-change/ (Exhibit PP – Accreditation Actions Policy; Exhibit PP – Accreditation Actions Procedures).

The Commission’s Substantive Change Policy clearly states its purpose “is to ensure that the Commission reviews substantive changes and takes an accreditation action before these changes are implemented” (Section I) and further states the expectation that institutions submit a substantive change request to the Commission for review and action before it will be included within the institution’s scope of accreditation (Section II) (Exhibit PP – Substantive Change Policy). In accordance with 34 CFR § 602.22(b), the Commission accepts notifications of institutional changes under certain conditions pursuant to Commission policies and procedures. The Policy also delineates the types of changes that require an institution to submit a substantive change request in accordance with 602.22(a)(1)(ii). In 2020, the Commission established Substantive Change Guidelines to provide further clarity for institutions including complete definitions and case scenarios for each type of substantive change and an explanation of the Commission’s concerns related to each type of substantive change (Exhibit PP – Substantive Change Guidelines). As part of its substantive change request, an institution must provide a thorough, analytical, and complete request that demonstrates, to the satisfaction of the Commission, that the institution can sustain ongoing compliance with the standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements after the substantive change is implemented (Exhibit PP – Substantive Change Procedures, see Section III.F, p 3).

Institutions submit the Substantive Change request through the Institution Portal. The first step provides a screening form that asks what type of change is being requested and guides the user through a series of screening questions designed to determine whether a formal substantive change request is needed or whether the institutional activity does not require review and approval. If a substantive change request is required, the user is provided a link to download the Substantive Change Request Form. To ensure that institutions provide consistent and sufficient information to support the request, the Commission provides forms for each type of substantive change which requires information and evidence to the specific the type of change proposed. Once the form is completed, the user uploads the request form and all supporting evidence through the Institution Portal which is accessible by peer evaluators. The Substantive Change Request Forms also can be downloaded directly from the MSCHE Substantive Change webpage under “Types of Substantive Change and Request Forms (as of July 1, 2020)” located at https://www.msche.org/substantive-change/ (Exhibit F - Substantive Change Forms-all; Exhibit W – MSCHE Substantive Change Webpage excerpts).

Changes that require more in-depth review and/or that require the Commission to assign or engage a peer evaluator with specialized professional expertise (e.g., accounting, legal, etc.) are considered tier V of the Commission’s risk-based model. These include a change in legal status, form of control, or ownership. The Commission may at its discretion review any substantive change as a complex substantive change depending on the nature and scope of the change. Institutions must submit a Complex Substantive Change request in accordance with the Complex Substantive Change Procedures (Exhibit PP - Complex Sub_Change Procedures; Exhibit F-SC-2a Complex Sub_Change Preliminary Review Form; Exhibit F-SC-2b-Change in Legal Status Form).
The Commission uses a multi-level decision-making process to review and approve all substantive change requests. A primary and secondary peer evaluator is assigned to evaluate the proposal and propose an action to the Commission. Assignments are made in accordance with the Commission’s Peer Evaluators Policy and Procedures based on the individual evaluator’s expertise and experience and in accordance with the conflict of interest policy as described in §602.15(a)(6) (Exhibit PP - Peer Evaluators Policy; Exhibit PP - Peer Evaluators Procedures; Exhibit PP – COI: Commission Representatives Policy). Peer Evaluators use the Substantive Change Review Report or Complex Substantive Change Report as appropriate to review substantive change requests. These reports ensure consistent and thorough reviews and conclude with the peer evaluators’ proposal for action which includes a brief justification for the proposed action (Exhibit F-SC-Substantive Change Review Report; Exhibit F-SC-Complex Substantive Change Report). During the course of the review, peer evaluators may request formal clarification or additional information which is appended to the institution's substantive change request.

All substantive change submissions that are not a Complex Substantive Change are reviewed by the Commission’s Committee on Substantive Change, which is led by two Commissioners (one a Chair; the other a Vice-Chair) and comprised of the experienced peer evaluators who serve as substantive change peer evaluators with final approval by the Commission’s Executive Committee. Complex Substantive Changes are reviewed by the Commission’s Committee on Follow-Up Activities before Commission review and action.

To support ongoing institutional innovation and change, the Substantive Change Committee meets six times each year to discuss each request and recommend an action the following month to the Executive Committee minimizing the time from institutional request for approval to implementation. The Executive Committee, a decision-making body of the Commission, meets more frequently than the full Commission and takes action in accordance with the Accreditation Actions Policy and Procedures (Exhibit PP – Accreditation Actions Policy; Exhibit PP - Accreditation Actions Procedures). Executive Committee actions are reflected in the minutes of the Executive Committee (Exhibit M - 20200827 Executive Committee Minutes_Redacted, item 4a, p 4). Consistent with all accreditation actions, the Commission notifies institutional key contacts regarding the action through the Institution Portal. The action clearly indicates the Commission’s decision regarding the substantive change. The action notification is sent within the timeframe specified under the Communication in the Accreditation Process Policy and Procedures which is consistent with federal requirements for notification under 34 CFR §602.26 Notification of Accrediting Decisions. The procedures for Commission review and action are delineated in the Substantive Change Procedures, Section V, pp 5-7.

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must submit the approval for the submitted substantive changes included in this criterion.

The agency must provide its policy that specifically states it will not grant any substantive change that adversely affects the capacity of the institution to continue to meet agency standards.

The agency must provide more information regarding its approval of Bryant & Stratton's substantive change.

Analyst Remarks to Narrative:

The agency provided its Substantive Change policy that requires institutions to remain compliant with Commission standards for accreditation, requirements of affiliation, policies and procedures, and federal compliance requirements while undergoing institutional changes that are considered substantive. The purpose of this policy is to ensure that the Commission reviews substantive changes and takes an accreditation action before these changes are implemented. The Commission shall not automatically include substantive changes within the institution’s scope of accreditation but shall require the institution to submit a substantive change request to the Commission for review and action before it will be included within the institution’s scope of accreditation. The agency also requires member institutions that have been placed on warning, probation, or show cause by the Commission in the past three years or those who are under a provisional certification for participation in title IV, HEA.
programs are required to submit a substantive change request to the Commission for approval prior to implementation. (Ex. PP Substantive Change Policy) The agency’s Substantive Change policy is in accordance with this criterion.

Although the agency submitted multiple examples of substantive changes from member institutions, the agency must also submit the cycle of approval for the substantive changes listed in this section.

The agency policy states that the institution must demonstrate that any affiliation with a partner institution must not adversely affect the institution’s capacity to sustain ongoing compliance (Ex. PP Substantive Change Procedures); however, this criterion requires agency policy to specifically state that approval will not be granted to any substantive change that adversely affects the capacity of the institution to continue to meet the agency’s standards and the agency must submit documentation of such.

Additionally, Department staff received a third-party comment related to an institution that transitioned to a non-profit entity, specifically with respect to public notice, and whether a thorough review was conducted on the institution’s supplemental information report. The agency must provide more information regarding its approval of Bryant & Stratton’s substantive change.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The agency requires the institution, prior to implementation, to submit a substantive change request form for all changes that are considered substantive as delineated in the Substantive Change Policy (Ex. PP, Page 1) and in federal regulation 602.22(a)(1)(ii)(A-K). In the April 1, 2021, submission, the agency provided the following exhibits as examples of the substantive change types required under 602.22(a)(1)(ii)(A-F), (G-H), (I) and (J-K): Exhibit SC-A_Mission Change; Exhibit SC-B_Legal-CIO-Control; Exhibit SC-C_Significant Departure; Exhibit SC-D_1st Grad Level; Exhibit SC-E_Change in Measure; Exhibit SC-F_Increase in Credit Hours Exhibit SC-G_Merger-Acq_1; Exhibit SC-G_Merger-Acq_2; Exhibit SC-G_Merger-Acq_3; Exhibit SC-G_Merger-Acq_4a; Exhibit SC-G_Merger-Acq_4b; Exhibit SC-G_Merger-Acq_5; Exhibit SC-1a_Additional Location; Exhibit SC-1b_Additional Location; Exhibit SC-1l_Write Arrangement). These documents represent the full cycle of review for substantive change and include: (1) Substantive Change Request Form (and appendices), (2) Substantive Change Review Report (completed by peer evaluators), and (3) Action. As reported in the April 1, 2021 submission, the Commission has not received a request for direct assessment or 602.22(a)(1)(ii)(K) in the current recognition period.

The agency admits that the combined documents made it difficult to locate the required components of a full cycle of review. To demonstrate its compliance with this criterion, the agency is extracting the (1)
Substantive Change Review Report and (2) Action from the combined documents and resubmitting the following as individual exhibits: 01-a-602.22_SC-A_Mission Change_Report; 01-b-602.22_SC-A_Mission Change_Action; 02-a-602.22_SC-C_Significant Departure_Report; 02-b-602.22_SC-C_Significant Departure_Action; 03-a-602.22_SC-D_First Graduate Level_Report; 03-b-602.22_SC-D_First Graduate Level_Action; 04-a-602.22_SC-E_Change Measure_Report; 04-b-602.22_SC-E_Change Measure_Action; 05-a-602.22_SC-F_Increase Credit Hours_Report; 05-b-602.22_SC-F_Increase Credit Hours_Action; 06-a-602.22_SC-G_Merger-Aquire-Location_CSC-Review_Report; 06-b-602.22_SC-G_Merger-Aquire-Location_Action; 07-a-602.22_SC-Ib_Additional Location_Report; 07-b-602.22_SC-Ib_Additional Location_Action; 08-a-602.22_SC-J_Written Arrangement_Report; 08-b-602.22_SC-J_Written Arrangement_Action. The agency inadvertently omitted the site visit report for the additional location example and is providing it now as 07-c-602.22_SC-Ib_Add-Loc-Site-Visit-Report-Mar-10-2020_R.

The agency is providing additional examples of substantive changes that were not previously submitted: 09-a-602.22_SC-F_Higher Credential Level_Request Form; 09-b-602.22_SC-F_Higher Credential Level_Report; 09-c-602.22_SC-F_Higher Credential Level_SAS; 10-a-602.22_SC-I_Branch Campus_Request Form; 10-b-602.22_SC-I_Branch Campus_Report; 10-c-SC-I_Sub-Change-Visit_Report-Oct-25-2018; 10-d-602.22_SC-I_Branch Campus_PHSC-SAS; 11-a-602.22_SC-C_Alternative Delivery Method_Request Form; 11-b-602.22_SC-C-Alternative Delivery Method_Report; and 11-c-602.22_SC-C-Alternative Delivery Method_SAS.

The Substantive Change Procedures (Ex. PP) in effect at the time of the April 1, 2021, petition submission stated: “The institution must demonstrate, to the satisfaction of the Commission, that it can sustain ongoing compliance with the standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements after the substantive change is implemented.” Effective August 1, 2022, the agency revised the Substantive Change Procedures (12-602.22-Substantive-Change-Procedures-Aug-1-2022, Section III.E., Page 3) and Complex Substantive Change Procedures (13-602.22-Complex-Substantive-Change-Procedures-Aug-1-2022, Section IV.B., Page 6 and Section IV.F. Page 7) to replace “sustain ongoing compliance” with the exact language of the regulation. The Substantive Change Procedures and Complex Substantive Change Procedures now specifically state that the agency will not include a change within the institution’s scope of accreditation if the change will adversely affect the institution’s compliance with the agency’s standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements. The agency’s Substantive Change Request Forms are organized around the standards for accreditation and centered on confirming that the change does not adversely affect the institution’s compliance. The agency also changed the language in the Substantive Change Request Forms to the exact regulatory language effective August 1, 2022 (14-602.22-Sub-Change_Request Form-Template-Aug-1-2022, Section B, Page 2 and Section E, Pages 8). Effective September 1, 2022, the agency updated the same language in the Substantive Change Review Report Template which is used by peer evaluators to summarize their findings and make a recommendation to the Committee (15-602.22-Sub-Change-Review-Report-Sep-1-2022, Section H, Page 7). The agency does not yet have examples from completed
reviews using the revised request forms and review report template since those revisions occurred August 1 and September 1, 2022, respectively.

In the April 1, 2021, submission, the agency provided the complex substantive change request from Bryant and Stratton College as an example of the substantive change type specified under 602.22(a)(1)(ii)(B): Any change in the legal status, form of control, or ownership of the institution (Exhibit SC-B_Legal-CIO-Control). The agency followed its Complex Substantive Change Procedures effective July 1, 2019 (16-602.22-Complex Substantive Change Procedures-2019). In accordance with those procedures, the agency required the submission of the complex substantive change preliminary review form first, which Bryant & Stratton College submitted in October 2019 (17-602.22-Bryant-Stratton_CSC Prelim Form-Oct-2019_R). The purpose of the preliminary review was to help the Commission staff liaison understand the nature and scope of the planned change. The agency staff reviewed the preliminary form and requested additional information on the governance structure and the entities involved in the transaction (18-602.22- Bryant-Stratton Staff Request for Additional Information-Mar-26-2020_R). As a result of the feedback the institution received from both the agency and the State of New York, the institution made adjustments to the structure of the transaction (19-602.22-Bryant-Stratton-Add-Info-Response-Mar-31-2020_R). As part of the preliminary review, the agency began tracking all required regulatory and legal approvals so that it could monitor them as the transaction evolved. The preliminary review process helped to clarify the structure of the transaction and ensure that the institution was prepared to submit a materially complete request.

Bryant and Stratton College submitted the subsequent complex substantive change request form on February 20, 2020 (20-602.22-Bryant-Stratton_CSC Request Form-Feb-20-2020_R). When the substantive change request form was submitted, the agency staff again reviewed the submission and requested a legal review and analysis to: (1) confirm the type and structure of the transaction, (2) verify the parties involved in the transaction including the real estate holding company, the foundation, and the newly formed non-profit corporation, (3) review the proposed amended bylaws to provide an analysis of the proposed changes to the governance structure and the implications of those changes on the institution’s ability to maintain control of decision-making after the change, and (4) review the lease agreements. Under agency policy and procedures, the transaction was categorized as a transfer of substantially all of the educational assets of the institution (a for-profit corporation, Bryant & Stratton College, Inc.) to a newly formed corporation (a non-profit corporation named Bryant and Stratton Inc.), a transfer of non-educational assets, and a name change of the surviving corporation to the name of the currently accredited institution Bryant & Stratton College, Inc.

The substantive change request form and all documentation were then reviewed by peer evaluators who have specialized training related to the type of substantive change, relevant experience, and/or professional legal or financial expertise, as required. Peer evaluators were tasked with determining whether the institution appears to demonstrate that it has the capacity to implement the complex
substantive change and that the institution can sustain ongoing compliance with the agency’s standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements. Upon the completion of their review, the peer evaluator(s) summarized their findings in the Complex Substantive Change Review Report (21-602.22-Bryant-Stratton_CSC-Review-Report-May-18-2020_R). On June 25, 2020, the agency took action on the complex substantive change requesting a supplemental information report (SIR) due December 1, 2020 (22-602.22-Bryant-Stratton_CSC-Action-Jun-25-2020). In the SIR, the institution was asked to provide more information on (1) the financial impact of the long-term lease agreements on the surviving institution (Standard VI); (2) the status of the approval of the proposed bylaws by the Board of Directors for the new Bryant & Stratton College, Inc. (Standard VII); (3) final and signed transactional documents (Requirement of Affiliation 14); and any written evidence of approvals from all necessary licensing, regulatory, or other legal entities as necessary, including the United States Department of Education; the United States Internal Revenue Service (confirmation that the institution has been granted tax-exempt status); the New York State Education Department; the Ohio Education Department; the State Council of Higher Education for Virginia; the New York State Board of Regents; the New York State Higher Education Services Corporation and various program accreditations and state licensing boards (Requirement of Affiliation 5). The action also directed the complex substantive change site visit which is required by federal regulation 602.24(b).

The institution submitted the SIR on December 1, 2020 (23-602.22-Bryant-Stratton_CSC SIR_Dec-1-2020_R). The complex substantive change site visit took place on December 12, 2020 (24-602.22-Bryant-Stratton_CSC-SIR-Site-Visit-Report-Dec-12-2020_R). Specifically, the peer evaluators reviewed the lease agreements and determined that the “nature of the real estate transaction gives the illusion that the new institution entered into a lease with a third-party real estate company controlled by the College president. This, is not the case. The College’s current President...is not the President of Prentice Realty, Inc.” (Page 8). The SIR was considered by agency staff, the then-named Committee on Follow-Up and Candidate Activities, and the Commission. The agency acted on the findings of that visit on March 5, 2021. The statement of accreditation status shows the full sequence of actions (25-602.22_Bryant-Stratton_Statement of Accreditation Status).

The agency’s review of a change in legal status, form or control or ownership is a rigorous process designed to determine if there are any areas of concern that might adversely affect the institution’s compliance with agency standards, requirements of affiliation, policies or procedures, or applicable federal regulatory requirements. The agency takes seriously its role as a member of the regulatory triad and consults with state agencies, other accreditors and quality assurance agencies, federal agencies including the United States Department of Education, to inform decision-making. After the accreditation action was taken, the agency staff continued to monitor regulatory and legal requirements. The agency reviewed and documented receipt of written evidence of all required approvals from the United States Internal Revenue Service, the New York State Higher Education Department, the Ohio Education Department; the State Council of Higher Education for Virginia (26-602.22_Bryant-Stratton_Required-Approvals-Documentation_R). On April 5, 2022, the agency requested a status update from the Department regarding this transaction (27-602.22_MSCHE-Letter-USDE_Bryant-Stratton-Apr-5-2022).
The agency received the Department’s Post-Acquisition Determination Letter on August 12, 2022, confirming the completion of its review and documenting its decision that Bryant & Stratton provided evidence that it meets the Department’s requirements to access title IV as a non-profit institution (28-Bryant-Stratton_Post-Acquisition-Determination-Letter-Aug-12-2022). The letter also described a number of conditions set by the Department. As a result, the agency requested a SIR on September 30, 2022 (29-602.22_Bryant-Stratton-Request-SIR-TitleIVConditions-Sep-30-2022). The institution’s report is due on November 11, 2022.

The agency notes that a number of changes in process have enhanced the complex substantive change review procedures since the Bryant & Stratton review, including additional layers of review by the agency’s policy and legal affairs units during the preliminary review as well as with the subsequent request form. The MSCHE vice president liaison continues to provide advice and support to the institution on policy and procedures and expectations for what is sufficient documentation. Requests for additional documents during the review of the preliminary form are typical. In addition, the agency now requires all institutions undertaking a complex substantive change to submit a complex substantive change supplemental information report following the transaction (13-602.22-Complex-Sub-Change-Procedures-Aug-1-2022, Section VI.A., Page 9). The agency continues to direct a team visit within 6 months of the date of the transaction to one or more of the entities involved in the transaction. The agency also directs the institution to conduct a new comprehensive review in accordance with 602.22(h) for all complex substantive changes (13-602.22-Complex-Sub-Change-Procedures-Aug-1-2022, Section VII.F., Page 12).

Analyst Worksheet - Response

Meets the requirements of this section

MSCHE submitted narrative and documentation of its Substantive Change policy (revised effective August 2022) that states “[t]he Commission will not include a change within the scope of accreditation if the change will adversely affect the institution’s compliance with the Commission standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements in accordance with federal regulations” (Ex. 13-602.22). This revised policy is aligned with this criterion.

The agency submitted substantive change request forms and approval documentation to apprise Department staff of its full cycle of review for over ten member institutions— including those provided in the initial petition.

MSCHE provided narrative and documentation of its approval process of Bryant & Stratton’s substantive change— from the preliminary review to the site visit that ensued as a result of the sub change, and ongoing comprehensive reviews that were to occur after the agency submitted this petition. Although
the agency is still in review, the actions taken previously appear to be in accordance with (revised) agency policy and procedure.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.22(a)(1)(ii)(A-F)
Description of Criteria

(ii) The agency's definition of substantive change covers high-impact, high-risk changes, including at least the following:

(A) Any substantial change in the established mission or objectives of the institution or its programs.
(B) Any change in the legal status, form of control, or ownership of the institution.
(C) The addition of programs that represent a significant departure from the existing offerings or educational programs, or method of delivery, from those that were offered or used when the agency last evaluated the institution.
(D) The addition of graduate programs by an institution that previously offered only undergraduate programs or certificates.
(E) A change in the way an institution measures student progress, including whether the institution measures progress in clock hours or credit-hours, semesters, trimesters, or quarters, or uses time-based or non-time-based methods.
(F) A substantial increase in the number of clock hours or credit hours awarded, or an increase in the level of credential awarded, for successful completion of one or more programs.

Narrative:
The Commission’s Substantive Change Policy establishes the types of change institutions must submit to the Commission for approval prior to implementation. These include each of the types included under §602.22(a)(1)(ii) (Exhibit PP – Substantive Change Policy, see Section II). Definitions and explanations including case scenarios for each type of change are provided in the Substantive Change Guidelines (Exhibit PP – Substantive Change Guidelines).

As shown in the Substantive Change Procedures, the Commission has established five tiers that reflect the risk and complexity associated with the type of change (Exhibit PP – Substantive Change Procedures, see page 2). The Commission has defined substantive changes that require more in-depth review and/or require the Commission to assign or engage a peer evaluator with specialized professional expertise (e.g., accounting, legal, etc.) as complex substantive change, which are tier V. Substantive Change
Guidelines also provide a definition of each type of substantive change and designates changes that are considered complex (Exhibit PP – Substantive Change Guidelines, type 2, p 2). The Commission may also, at its discretion, review any substantive change as a complex substantive change (Exhibit - Substantive Change Policy, Section III. Procedures).

Changes identified in 602.22(a)(1)(iii)(A) and (C-F) are considered tier III and are reviewed in accordance with Exhibit PP – Substantive Change Procedures, and changes in legal status, form of control, or ownership of the institution including mergers and acquisitions, are reviewed in accordance with Exhibit PP – Complex Substantive Change Procedures.

As described in response to 602.22(a)(1)(i), institutions first complete an online screening form that determines whether a formal request is required and directs the user to the appropriate Substantive Change Request Form. The request forms for changes under this provision are provided in Exhibit F-SC-1_Mission_Objectives; Exhibit SC-F-2a_Complex_Preliminary Review Form, Exhibit SC-F-2b_Legal Status_Control_Ownership Form; Exhibit F-SC-3_Significant Departure_Existing Programs; Exhibit F-SC-7_Change in Measure of Student Progress; and Exhibit F-SC-8_Substantial Increase_Clock or Credit Hours. The Substantive Change Request Forms also can be downloaded directly from the MSCHE Substantive Change webpage under “Types of Substantive Change and Request Forms (as of July 1, 2020)” located at https://www.msche.org/substantive-change/ (Exhibit W – MSCHE Substantive Change Webpage excerpts). Once the form is completed, the user uploads the request form and all supporting evidence through the Institution Portal which is accessible by peer evaluators. Fees for the review of each tier are reflected in the Dues and Fees Policy and Procedures 2020-21 (Exhibit PP – Substantive Change Procedures; Exhibit PP - Dues and Fees Policy; Exhibit PP - Dues and Fees Procedures 2020-21).

The following Exhibits provide examples of the substantive change types included in 602.22(a)(1)(ii)A-F: Exhibit SC-A_Mission Change; Exhibit SC-B_Legal-CIO-Control; Exhibit SC-C_Significant Departure; Exhibit SC-D_First Graduate Level; Exhibit SC-E_Change in Measure; Exhibit SC-F_Increase in Credit Hours. The Commission also provides the following required documentation: Exhibit-required-SC – List of Additional Locations 5-2018 through 1-2021 and Exhibit-required-SC – List of SC Requests 5-2018 through 1-2021 are provided as required.

Document(s) for this Section

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:
The agency attests and provides documentation of the types of substantive changes defined by agency policy. The policy provides that prior to implementation, the Commission shall require member institutions to submit a substantive change request for certain types of changes including substantial change in mission or objectives; change in legal status, form of control, or ownership; significant departure from existing educational programs; alternative delivery method; direct assessment programs; higher credential level; change in measures of student progress; substantial increase in the number of clock or credit hours awarded; written arrangements (domestic and international); establishment, relocation, reclassification, or closure of additional locations; establishment, relocation, reclassification, or closure of branch campuses; relocation or reclassification of main campus; institutional closure; and Experimental Sites Initiatives (ESI) as Required by the Department. The agency’s types of substantive changes are directly aligned with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.22(a)(1)(ii)(G-H)
Description of Criteria

(G) The acquisition of any other institution or any program or location of another institution.
(H) The addition of a permanent location at a site at which the institution is conducting a teach-out for students of another institution that has ceased operating before all students have completed their program of study.

Narrative:
The Commission reviews the acquisition of another institution through its Complex Substantive Change Procedures (Exhibit PP – Complex Substantive Change Procedures). Institutions must submit the Complex Substantive Change Preliminary Review Form (Exhibit F-SC-2a-Complex_Preliminary Review Form) and the Complex Substantive Change Request Form (Exhibit F-SC-2b-Legal Status_Control_Ownership Form) which are reviewed in accordance with the procedures established in Complex Substantive Change Procedures. Institutions identify the type of transaction in Section A.2, of the form. Staff review the submission and, if complete, assign peer evaluators in accordance with the Commission’s Peer Evaluators Policy and Procedures (Exhibit PP – Peer Evaluators Policy; Exhibit PP – Peer Evaluators Procedures). Peer evaluators may request additional information from one or all entities involved in the transaction to clarify information or verify compliance and complete the Complex Substantive Change Review Report summarizing their findings (Exhibit F-SC-Complex SubChange Review Report. The institution has the opportunity to respond to the Review Report through an Institutional
response. Consistent with other accreditation activities, the Commission, through its multi-level decision making process, analyzes the materials and takes an accreditation action in accordance with its Accreditation Actions Policy and Procedures (Exhibit PP – Accreditation Actions Policy; Exhibit PP – Accreditation Actions Procedures).

The Commission provides an example of an institution approved for substantive change under 602.22(a)(1)(i)(G) in the following exhibits: Exhibit-SC-G-Merger_Acq_1; Exhibit-SC-G-Merger_Acq_2; Exhibit-SC-G-Merger_Acq_3; Exhibit-SC-G-Merger_Acq_4; Exhibit-SC-G-Merger_Acq_5. The Commission acted on June 27, 2019 to include the merger within the scope of accreditation and conducted a follow-up visit to the merged branch campus and the additional location on November 6, 2019.

Institutions that acquire an additional location of another institution, including when establishing a permanent location for the purpose of conducting a teach-out for students of another institution, submit the substantive change in accordance with Exhibit PP – Substantive Change Procedures. Institutions use the form provided in Exhibit F-SC-10c_Acquisition of Additional Location and identify the type of change in section A.1, page 2. Staff review the submission and, if complete, assign peer evaluators in accordance with the Commission’s Peer Evaluators Policy and Procedures (Exhibit PP – Peer Evaluators Policy; Exhibit PP – Peer Evaluators Procedures). Peer evaluators may request additional information and then summarize their findings in the Substantive Change Review Report (Exhibit F-SC-Substantive Change Review Report). The Commission, through its multi-level decision making process analyzes the materials and takes an accreditation action in accordance with its Accreditation Actions Policy and Procedures (Exhibit PP – Accreditation Actions Policy; Exhibit PP – Accreditation Actions Procedures).

Since its May 2018 recognition, the Commission has not received a substantive change request under 602.22(a)(1)(i)(G) to acquire the location of another institution or under 602.22(a)(1)(i)(H) to add a permanent location to conduct a teach-out for students of another institution that ceased operating before all students had completed their program of study.

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Does not meet the requirements of this section

Staff Determination:

The agency must provide the site visit report and the Complex Substantive Change Review Report for the member institution to apprise Department staff of the agency's Substantive Change practice as it relates to locations.

Analyst Remarks to Narrative:

The agency has a policy for the review, submission, and the types of substantive changes institutions must submit. Institutions must submit a Substantive Change form for (as noted above) substantial
change in relocation, reclassification, or closure of additional locations; establishment, relocation, reclassification, or closure of branch campuses; relocation or reclassification of main campus; institutional closure; and Experimental Sites Initiatives (ESI) as Required by the Department.

To ensure the new location adheres to agency policy the Commission requires a substantive change site visit for a relocation of a main campus or reclassification of any location to a main campus; the first international additional location (although the Criteria for Recognition does not include requirements for locations outside of the United States), regardless of the number of domestic sites that have been established; any new additional location if the institution has not demonstrated to the Commission that it has a proven record of effective oversight of additional locations; and any new additional location if the institution is in a non-compliance status, is subject to an adverse action, or is otherwise subject to any limitation by the Commission on its accreditation or candidate for accreditation status.

As it relates to changes in additional locations, the Commission will conduct a substantive change site visit no later than six months after the commencement of instruction at the additional location, branch campus or the change of control or ownership. After the submission is received agency staff review the submission and request additional information (if needed), the agency then summarizes its findings in the Complex Substantive Change Review Report. The institution then has an opportunity to review and respond the Report before the agency makes a final determination in accordance with its Accreditation Actions. (Ex. F SC Complex Sub Change Review Report, Ex PP Peer Evaluators Policy, Ex. PP Peer Evaluators Procedures, Ex. PP Accreditation Actions Procedures, Ex. PP Substantive Change Procedures)

The agency provides documentation of a substantive change submission from a member institution (Ex. SC G Merger Acq 1) that requested a change in legal status, establishment of additional locations, and the establishment of a branch campus, however, the agency did not provide the follow-up documents associated with this change to apprise Department Staff of the full circle involved with such a change, including the site visit report within 6 months and the Complex Substantive Change Review Report.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

In the April 1, 2021, submission, the agency provided an example of a complex substantive change request through five separate exhibits in which an institution acquired an additional location and a branch campus as part of a merger/acquisition: Exhibit-SC-G-Merger_Acq_1; Exhibit-SC-G-Merger_Acq_2; Exhibit-SC-G-Merger_Acq_3; Exhibit-SC-G-Merger_Acq_4; Exhibit-SC-G-Merger_Acq_5.

Specifically, the previously submitted Exhibit SC-G-Merger_Acq_5 is a compilation of the following documents: (1) approvals and correspondence from government agencies, (2) review report completed
by evaluators, (3) institutional response, and (4) agency action. The agency admits that the combined documents made it difficult to locate the required components of a full cycle of review for a substantive change. To demonstrate its compliance with this criterion, the agency is extracting the (1) Substantive Change Review Report and (2) Action from the combined documents and resubmitting the following as individual exhibits: 01-602.22_RCSJ_Complex-Sub-Change-Review-Report-Apr-20-2019; 02-602.22_RCSJ_CSC_Action-Jun-27-2019.

As indicated in the action letter, the Commission acted on June 27, 2019, to include the merger within the scope of accreditation and directed site visits to both the additional location and the branch campus within 6 months of the date of the transaction. Peer evaluators conducted the site visits on November 6, 2019. The agency inadvertently omitted the substantive change site visit report in our original submission but is providing it now as 03-602.22-RCSJ_Sub Change Site Visit Report-Mar-20-2020.

As reported in the April 1, 2021, submission, the agency has not received a substantive change request for the acquisition of an additional location under 602.22(a)(1)(ii)(G) or the addition of a permanent additional location as part of a teach-out under 602.22(a)(1)(ii)(H) in the current recognition period.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In the initial petition, MSCH submitted a substantive change request for a change in legal status, establishment of additional locations, and for the establishment of a branch campus. The agency has now submitted the requested site visit report and Complex Substantive Change Review Reports for the member institutions submitted in the initial submission (Ex. 03-602.22) which represent the agency’s full cycle of review in accordance with agency policy. The agency attests that it has not received a substantive change request to acquire the location of another institution or to add a permanent location to conduct a teach-out for students of another institution that ceased operating before all students had completed their program of study.

List of Document(s) Uploaded by Analyst - Response

No file uploaded
Criteria: 602.22(a)(1)(ii)(I)

Description of Criteria

(I) The addition of a new location or branch campus, except as provided in paragraph (c) of this section. The agency’s review must include assessment of the institution’s fiscal and administrative capability to operate the location or branch campus, the regular evaluation of locations, and verification of the following:

   (1) Academic control is clearly identified by the institution.
   (2) The institution has adequate faculty, facilities, resources, and academic and student support systems in place.
   (3) The institution is financially stable.
   (4) The institution had engaged in long-range planning for expansion.

Narrative:

The Commission reviews all new additional locations and new branch campuses under its Substantive Change Policy and Procedures (Exhibit PP – Substantive Change Policy; Exhibit PP – Substantive Change Procedures). Institutions seeking approval of a new additional location or branch campus must submit a separate substantive change request for each new additional location or branch campus it establishes or acquires from another institution. A new request is required in the event the institution wishes to reopen an additional location or branch campus that was removed from the institution’s scope of accreditation. Definitions and guidance regarding the establishment of additional locations and branch campuses including the circumstances that require substantive change approval are described in Exhibit PP – Substantive Change Guidelines, pages 15-20.

In evaluating a request regarding an additional location, the Commission is concerned with ensuring that the additional location has adequate physical facilities and infrastructure, financial resources, student support services, faculty and staffing, and administrative or supervisory organization (See Exhibit PP – Substantive Change Guidelines, page 16, and Exhibit F-SC-10b_Establish Location-Reclassify to Additional Location, especially Section A, pp 2-6). In addition to these concerns, in evaluating a request regarding a branch campus, the Commission’s concerns also include ensuring that the branch campus has sufficient autonomy and academic control. (See Exhibit PP – Substantive Change Guidelines, page 19, and Exhibit F-SC-11b_Establish-Relocation-Reclassify-to Branch Campus, especially Section A, pp 2-6).

Staff review the submission and, if complete, assign peer evaluators in accordance with the Commission’s Peer Evaluators Policy and Procedures (Exhibit PP – Peer Evaluators Policy; Exhibit PP – Peer Evaluators Procedures). Peer evaluators may request additional information and then summarize their findings in the Substantive Change Review Report (Exhibit F-SC-Substantive Change Review Report). The Commission, through its multi-level decision making process analyzes the materials and
takes an accreditation action in accordance with its Accreditation Actions Policy and Procedures (Exhibit PP – Accreditation Actions Policy; Exhibit PP – Accreditation Actions Procedures).

Exhibit SC-la_Additional Location and Exhibit SC-lb_Additional Location provides an example of an institution approved for substantive change under 602.22(a)(1)(i)(l) for a new additional location.

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:
The agency attests and provides documentation of its Substantive Change Procedures which provides that the Commission will include the additional location within the scope of accreditation only after it verifies that the institution appears to have the fiscal and administrative capacity to operate the additional location and the institution can sustain ongoing compliance with standards for accreditation and requirements of affiliation. The fiscal and administrative review includes ensuring that the branch campus has sufficient autonomy and academic control, as well as adequate physical facilities and infrastructure, financial resources, student support services, faculty and staffing, and administrative or supervisory organization. Lastly, the Commission may require the institution to provide information related to its overall enrollment growth or rapid growth or plans for expansion (Ex. PP Substantive Change Guidelines).

The agency provides Substantive Change Request Forms from two member institutions for the establishment of additional locations. The request form includes questions related to the autonomy and academic control, as well as adequate physical facilities and infrastructure, financial resources, student support services, faculty/staffing, and administrative or supervisory organization of the new location. Also included in the agency’s submission is the agency’s response to the Request Form which are in accordance with this criterion (Ex. SC Ia Additional Location, Ex. SC Ib Additional Location).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.22(a)(1)(ii)(J-K)
Description of Criteria

(J) Entering into a written arrangement under 34 CFR 668.5 under which an institution or organization not certified to participate in the title IV, HEA programs offers more than 25 and up to 50 percent of one or more of the accredited institution’s educational programs.

(K) Addition of each direct assessment program.

Narrative:
The Commission reviews all written arrangements with non-title IV eligible institutions or organizations and direct assessment programs under its Substantive Change Policy and Procedures (Exhibit PP – Substantive Change Policy; Exhibit PP – Substantive Change Procedures). The Substantive Change
Guidelines provide definitions, case scenarios, and examples as further clarification (Exhibit PP — Substantive Change Guidelines, see especially pp 7-9, and 13-15). The Commission provides separate substantive change request forms for institutions seeking approval of a written arrangement with an institution or organization located within the United States and those seeking approval of such arrangements with an institution or organization outside of the United States (Exhibit F-SC-9a_Written Arrangements-Domestic; Exhibit F-SC-9b_Written Arrangements-International).

Staff review the submission and, if complete, assign peer evaluators in accordance with the Commission’s Peer Evaluators Policy and Procedures (Exhibit PP — Peer Evaluators Policy; Exhibit PP — Peer Evaluators Procedures). Peer evaluators may request additional information and then summarize their findings in the Substantive Change Review Report (Exhibit F-SC-Substantive Change Review Report). The Commission, through its multi-level decision making process analyzes the materials and takes an accreditation action in accordance with its Accreditation Actions Policy and Procedures (Exhibit PP — Accreditation Actions Policy; Exhibit PP — Accreditation Actions Procedures).

Exhibit SC-J_Written Arrangement provides an example of an institution approved for substantive change under 602.22(a)(1)(i)(J) for a written arrangement.

Since its May 2018 recognition, the Commission has not received a request to add a direct assessment program under 602.22(a)(1)(ii)(K)

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Procedures

Exhibit SC-J_Written Arrangement

Exhibit SC-J-Written Arrangement.pdf

Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency provides its policy for Written Arrangements and defines such as an institution that outsources some portion of one or more of its educational programs or educational business operations to a third-party provider. This type of arrangement requires the agency to approve the substantive change if the institution is outsourcing more than 25% and up to 50% of credit-bearing educational programs to another institution or organization that is not certified to participate in title IV, HEA programs. After a member institution submits its change (either for institutions located in the U.S. or outside the U.S.) the agency then reviews the submission and assigns peer evaluators to analyze and make a decision on the submission. (Ex. F SC-9a_Written Arrangements-Domestic, Ex. F SC-9b_Written Arrangements-International, (Ex. PP Substantive Change Policy, Ex. PP Substantive Change Procedures)

The agency provides documentation of a Substantive Change Request Form submitted by a member institution requesting a change in contractual arrangements along with the agency’s response which includes the agency’s decision to include the change in the institutions scope of accreditation. (Ex. SC J Written Arrangement) The agency attests that it has not received a direct assessment program request during this reporting period. This documentation meets the requirements for this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.22(a)(2)(i-ii)

Description of Criteria

(2)
(i) For substantive changes under only paragraph (a)(1)(ii)(C), (E), (F), (H), or (J) of this section, the agency's decision-making body may designate agency senior staff to approve or disapprove the request in a timely, fair, and equitable manner; and (ii) In the case of a request under paragraph (a)(1)(ii)(J) of this section, the agency must make a final decision within 90 days of receipt of a materially complete request, unless the agency or its staff determine significant circumstances related to the substantive change require a review by the agency's decision-making body to occur within 180 days.

Narrative:
Depending on the assigned substantive change tier, Commission staff may complete the first level of the multi-level review process. Commission staff do not approve or disapprove of any substantive change requests, and all requests, other than notification, undergo multi-level review and action by the Commission. As provided in the Substantive Change Policy and Procedures, the Commission’s review schedule provides six submission deadlines and decision points throughout the year (Exhibit PP - Substantive Change Policy; Exhibit PP - Substantive Change Procedures, Section III.B, see p 3). To allow sufficient time for review, Section III.F. of the Procedures requires the institution to begin to prepare the request in advance so that the submission deadline is at least three months before the proposed change is scheduled for implementation (See procedures, p 3). For thorough and complete requests, Commission review and notification is scheduled to be completed within 60 days, although the schedule may be adjusted as the result of an incomplete submission or based on the institution’s readiness.

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Analyst Worksheet - Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:
The agency must submit its policy that allows for a final decision within 90 days of receipt of a materially complete request unless the agency or its staff determine significant circumstances related to the substantive change that require a review by the agency's decision-making body to occur within 180 days. The agency must also provide documentation to demonstrate application of this policy.

Analyst Remarks to Narrative:

The agency attests and provides documentation of its approval process for substantive changes. (Ex. PP Substantive Change Policy, Ex. PP Substantive Change Procedures) As noted above, the agency has a thorough review process for approving or disapproving substantive change requests. Depending on the type of change or tier, Commission staff approves the first level and the Commission using its multi-level review process, approves (or disapproves) the other levels.

The Commission's review is typically completed in 60 days, provided the institution submits all the necessary and requested documents in a timely fashion; however, the agency doesn't appear to have a policy related to allowing a decision within 90 days of receipt of a materially complete request, unless the agency determines there is significant circumstances related to the substantive change requiring a review by the agency's decision-making body to occur within 180 days. The agency must submit this policy along with documentation to demonstrate application of this policy to adhere to this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

In the April 1, 2021, submission, the agency provided the Substantive Change Procedures (Ex PP) as evidence for this criterion. The procedures describe the schedule for submission due dates and state that the Commission usually takes action by the end of the following month.

The agency revised its Substantive Change Procedures effective August 1, 2022, to state specifically that the agency will take an accreditation action within 90 calendar days of receipt of a materially complete substantive change request submission (01-602.22a2-Substantive-Change-Procedures-Aug-1-2022, Section V.D., Page 6). The revised procedures also state that for a domestic written arrangement specified under 602.22(a)(1)(ii)(J), the agency will take an action within 90 calendar days unless the agency staff determine significant circumstances related to the substantive change that require a more in-depth review, which will occur within 180 calendar days from the date of a materially complete request. The agency reserves the right to take longer to complete the review of changes that involve international, academic, financial, regulatory, and/or legal matters, including the agency's designation of complex substantive changes as well as international written arrangements. These are examples of changes that take longer to review because of their more complex nature.
As documentation to demonstrate that the Commission takes action within 90 days, the agency is providing a report that documents the submission and action dates for the sample of substantive changes provided as evidence under 602.22(a)(1)(i): 02-602.22a2-MSCHE-Report_Sub-Change-Submission-Action-Dates. The report includes two examples which are complex substantive changes. As noted above, the review of a complex substantive change takes longer to review. However, the agency's procedures state that the review of a complex substantive change must be completed within one year from the date of the submission of the substantive change request form (03-602.22a2-Complex-Sub-Change-Procedures-Aug-1-2022). Both examples show the completion of the review within the one-year timeframe, 129 days and 235 days respectively.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

As noted in the narrative, MSCHE has adopted a policy (as of August 2022) related to all but a few sub changes that requires the Commission to take an accreditation action within 90 calendar days of receipt of a materially complete substantive change request submission. The policy also provides for domestic written arrangements, the Commission will take an action within 90 calendar days unless the Commission staff determine significant circumstances related to the substantive change that require a review by the Commission, which will occur within 180 calendar days from the date of a materially complete request in accordance with federal regulation. It will take longer for the Commission to complete its review for changes that involve financial, regulatory, and/or legal matters.

The agency provided a list of substantive changes that occurred during the recognition period. The list contains the type of sub change, the submission date, the review report, action date, and the total number of days before action was taken. Of the thirteen institution submissions, an action was not taken within 180 days on only one of the institutions which was a merger/acquisition substantive change.

The agency’s revised policy is in accordance with this criterion and the submitted documentation satisfy previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

No file uploaded
Criteria: 602.22(b)
Description of Criteria

(b) Institutions that have been placed on probation or equivalent status, have been subject to negative action by the agency over the prior three academic years, or are under a provisional certification, as provided in 34 CFR 668.13, must receive prior approval for the following additional changes (all other institutions must report these changes within 30 days to their accrediting agency):

1. A change in an existing program’s method of delivery.
2. An aggregate change of 25 percent or more of the clock hours, credit hours, or content of a program since the agency's most recent accreditation review.
3. The development of customized pathways or abbreviated or modified courses or programs to—
   i. Accommodate and recognize a student's existing knowledge, such as knowledge attained through employment or military service; and
   ii. Close competency gaps between demonstrated prior knowledge or competency and the full requirements of a particular course or program.
4. Entering into a written arrangement under 34 CFR 668.5 under which an institution or organization not certified to participate in the title IV, HEA programs offers up to 25 percent of one or more of the accredited institution's educational programs.

Narrative:
The Commission has utilized a risk-based approach to substantive change for several years requiring an institution in a non-compliance status (warning, probation, or show cause), to undergo more preliminary scrutiny in the substantive change process. The Commission’s current procedures require institutions in a non-compliance status, subject to an adverse action, or otherwise subject to any limitation on its accreditation or candidate status to provide a persuasive reason for the substantive change which is reviewed by the Executive Committee prior to being allowed to proceed. (Exhibit PP – Substantive Change Procedures, see Section III.G., p 4; Exhibit PP – Complex Sub Change Procedures, see Section III.B., p 3). Because complex substantive changes represent greater risk, the Commission’s complex substantive change process further requires review by outside legal counsel with the expertise to understand the complexities of the transactions. Legal counsel is also made available to staff as well as peer evaluators as part of the process.

In July 2020, the Commission expanded its tiered model and procedures to provide for required notifications and prior approvals further strengthening the Commission’s risk-based approach to substantive change. For the substantive change types defined in 34 CFR § 602.22(b), the Substantive Change Procedures, Section IV, requires either notification or prior approval depending on the institution’s accreditation and title IV participation status. Institutions with any non-compliance action within the past three years or those under a provisional certification for participation in title IV, HEA programs are required to submit a substantive change request form for any of the changes defined in 34 CFR § 602.22(b). All other institutions submit required notifications through the Substantive Change Screening Form in the MSCHE Institution Portal within 30 days of the change, defined as the start or
launch date of the program. The Commission requires that each program be entered separately. Exhibit SC-b-Prior Approval_Delivery Method provides an example of an institution in a non-compliance status that submitted notification of a change in an existing program’s method of delivery. The Commission has not received substantive change requests from an institution subject to 602.22(b)(2), (3), or (4). Exhibit SC-Notify_Delivery Method provides an example of a notification under (b)(1) and Exhibit SC-Notify_Aggregate Change provides an example of a notification under (b)(2).

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency has a policy related to the prior approval of institutions that have been placed on probation (or equivalent status). The Substantive Change Policy and Procedure requires a heightened level of scrutiny in the review process than other changes. Complex substantive changes that require prior approval include changes in the existing program's method of delivery; an aggregate change of 25 percent or more of a program’s curriculum; customized pathways or modified programs; or written arrangements for the provision of 1-24 percent of an educational program (domestic only). (Ex. PP Substantive Change Procedures)

The agency submitted documentation of a Substantive Change Prior Approval Form from one of its member institutions in non-compliance status along with the agency’s decision to include the change in the institutions scope of accreditation. (Ex. SC b Prior Approval Delivery Method) This policy and practice is in accordance with is criterion.
Criteria: 602.22(c-d)

Description of Criteria

(c) Institutions that have successfully completed at least one cycle of accreditation and have received agency approval for the addition of at least two additional locations as provided in paragraph (a)(1)(ii)(I) of this section, and that have not been placed on probation or equivalent status or been subject to a negative action by the agency over the prior three academic years, and that are not under a provisional certification, as provided in 34 CFR 668.13, need not apply for agency approval of subsequent additions of locations, and must report these changes to the accrediting agency within 30 days, if the institution has met criteria established by the agency indicating sufficient capacity to add additional locations without individual prior approvals, including, at a minimum, satisfactory evidence of a system to ensure quality across a distributed enterprise that includes—

1. Clearly identified academic control;
2. Regular evaluation of the locations;
3. Adequate faculty, facilities, resources, and academic and student support systems;
4. Financial stability; and
5. Long-range planning for expansion.

(d) The agency must have an effective mechanism for conducting, at reasonable intervals, visits to a representative sample of additional locations approved under paragraphs (a)(1)(ii)(H) and (I) of this section.

Narrative:
The Commission requires a substantive change request form for every new additional location to ensure that each location meets the Commission’s expectations and has adequate physical facilities and infrastructure, financial resources, student support services, faculty and staffing, and administrative or supervisory organization. Commission staff may complete the first level of the multi-level review process as noted in Exhibit PP – Substantive Change Procedures, Section V.C., p 6, but all requests are approved through Commission action.

As part of the Commission’s self-study evaluation, the Commission requires self-study site visits to every branch campus and to a representative sample of additional locations during the decennial evaluation. The team chair or a designated member of the team will conduct visits to every branch campus and one-
third of approved additional locations if the institution has more than three approved additional
locations to verify information about the locations and ensure ongoing compliance (Exhibit PP -
Accreditation Review Cycle Procedures, Section II.L see pp 3-4). Staff outreach to the chair and
institution representatives to inform them of the requirement and provide a list of the sites including
the number that must be visited (Exhibit F - Memo to Chair-Visits to Sites). In the self-study team chair’s
confidential brief, the team chair is required to identify the names of each site visited including the date
visited and type of location (Exhibit F – SS_Confidential Brief_2021, see Section B.3). The information is
included in the institution’s record.

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency’s policy related to additional locations of member institutions is stricter than this criterion
requires. The agency requires every additional location to go through the same substantive change
process [at scheduled intervals noted above] regardless of if the institution has received agency
approval for the addition of a least two additional locations, has not been placed on probation, or is not
under a provisional certification- all institutions must submit a substantive change for new locations. The
agency provides documentation of the site team visit schedule for one of its member institutions along
(Ex. F Memo to Chari Visits to Sites) along with the Self-Study Evaluation Team Chair’s Confidential Brief
template (Ex. F SS Confidential Brief) to apprise Department staff of this policy and practice in
accordance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative
Criteria: 602.22(e)

Description of Criteria

(e) The agency may determine the procedures it uses to grant prior approval of the substantive change. However, these procedures must specify an effective date, on which the change is included in the program's or institution's grant of accreditation or preaccreditation. The date of prior approval must not pre-date either an earlier agency denial of the substantive change, or the agency's formal acceptance of the application for the substantive change for inclusion in the program's or institution's grant of accreditation or preaccreditation. An agency may designate the date of a change in ownership as the effective date of its approval of that substantive change if the accreditation decision is made within 30 days of the change in ownership. Except as provided in paragraphs (d) and (f) of this section, an agency may require a visit before granting such an approval.

Narrative:
The Commission establishes the effective date a substantive change is included within the institution's scope of accreditation in accordance with its Substantive Change Policy and Procedures, which are aligned with federal regulation. The Commission’s Substantive Change Policy, Section II states: “Unless otherwise specified in a Commission action, the earliest allowable effective date of a substantive change shall be the date of the Commission’s action to include it within the scope of accreditation. The Commission shall not offer retroactive approval for substantive changes. The Commission reserves the right to decline to review a substantive change and may take any other action available to it in accordance with Accreditation Actions Policy and Procedures.” (Exhibit PP – Substantive Change Policy, see Section II, p 2)

All Commission actions are taken in accordance with the Accreditation Actions Policy and Procedures. Section VIII provides the actions that may be taken on substantive change requests and, for actions to include the change within the institution’s scope of accreditation, states “The accreditation action will specify the effective date of the change as well as the impact on the institution’s existing scope of accreditation, which will also be publicly displayed on the Statement of Accreditation Status (SAS) (Exhibit PP - Accreditation Actions Procedures, see Section VIII.D.1, p 10).
Exhibit PP - Accreditation Actions Procedures

Exhibit PP - Accreditation Actions Procedures

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Exhibit PP - Substantive Change Policy

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests and provides documentation of its Substantive Change Policy and Procedure that specifies the date a member institution’s grant of accreditation or preaccreditation becomes effective. Specifically, the policy provides that the earliest allowable effective date of a substantive change shall be the date of the Commission’s action to include it within the scope of accreditation. The Commission does not offer retroactive approval for substantive changes in accordance with this criterion (Ex. Substantive Change Policy).

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Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.22(f)(1)

Criteria of Description:

(f) Except as provided in paragraph (c) of this section, if the agency’s accreditation of an institution enables the institution to seek eligibility to participate in title IV, HEA programs, the agency’s procedures for the approval of an additional location that is not a branch campus where at least 50 percent of an educational program is offered must include—

(1) A visit, within six months, to each additional location the institution establishes, if the institution—

(i) Has a total of three or fewer additional locations;
(ii) Has not demonstrated, to the agency's satisfaction, that the additional location is meeting all of the agency's standards that apply to that additional location; or
(iii) Has been placed on warning, probation, or show cause by the agency or is subject to some limitation by the agency on its accreditation or preaccreditation status;

Narrative:
The Substantive Change Procedures require a “site visit for certain types of substantive changes no later than six months after the commencement of instruction at the additional location, branch campus or the change of control or ownership, in accordance with federal regulation 34 CFR § 602.22(f)(1) and § 602.24(b).” For domestic sites, the Commission requires site visits to the first three additional locations established by the institution. The Commission also requires a site visit to the first international additional location regardless of the number of domestic additional locations that have been established (Exhibit PP - Substantive Change Procedures, see Section VI). As defined in Substantive Change Procedures, the Commission requires a substantive change site visit for other reasons as defined in Section VI.B., p 7. Exhibit SC-Additional Location Visit demonstrates that the Commission conducts a site visit within six months.

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

As noted above, the agency's Substantive Change Procedures requires site visits for all substantive changes, but the Commission will conduct a substantive change site visit for certain types of substantive changes no later than six months after the commencement of instruction at the additional location, branch campus or the change of control or ownership, in accordance with this criterion. The agency also provides documentation of a letter sent to one of its member institutions as evidence that the site visit occurred within six months of the submitted change request. (Ex. SC f1 Additional Location and Visit Actions) and the agency's intent to include the change within the institution's scope of recognition.

List of Document(s) Uploaded by Analyst - Narrative
Criteria: 602.22(f)(2)
Description of Criteria

(2) A mechanism for conducting, at reasonable intervals, visits to a representative sample of additional locations of institutions that operate more than three additional locations; and

Narrative:
As described in its response to 602.22(d), the Commission requires visits to every branch campus and one-third of approved additional locations if the institution has more than three approved additional locations as part of the self-study on-site evaluation visit conducted every eight years. This requirement is established in the Accreditation Review Cycle and Monitoring Policy and Procedures (Exhibit PP – Accreditation Review Cycle Policy; Exhibit PP – Accreditation Review Cycle Procedures, See Section II.L., pp 3-4). The visits may be conducted by the team chair or a designated member of the team to verify information about the locations and ensure ongoing compliance. Commission staff notifies both the evaluation team chair and the institution’s representatives of the need for branch and/or additional location visits to be conducted as demonstrated in Exhibit F – Memo to Chair-Visits to Sites. The team chair is instructed to incorporate information about the visits into the team report. Effective February 1, 2021, the confidential brief also clearly identifies the names of each site visited including the date visited and type of location (Exhibit F - SS_Confidential Brief_2021, see Section B.3., p 1).

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Analyst Remarks to Narrative:

As noted in the above criterion, the agency has a policy for conducting site visits to every new branch campus. In accordance with Commission policy and procedures the Team Chair or a designated member of the team will conduct self-study site visits to a representative number of other geographic locations as part of the self-study evaluation. The Commission requires self-study site visits to all locations designated as branch campuses and one-third of approved additional locations if the institution has more than three approved additional locations in accordance with this criterion. (Ex. PP Accreditation Review Cycle Procedures)

The agency provided documentation of a member institution that has 10 locations and communicated to the institution that the Evaluation Team will visit a total of three sites including the main campus in accordance with this criterion. (Ex. F Memo to Chair Visits to Sites)

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List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.22(f)(3)

Description of Criteria

(3) A mechanism, which may, at the agency's discretion, include visits to additional locations, for ensuring that accredited and preaccredited institutions that experience rapid growth in the number of additional locations maintain education quality.

Narrative:
The Commission monitors approved substantive changes through any of the ongoing monitoring
activities described in Accreditation Review Cycle and Monitoring Policy and Procedures and may require the institution to respond to a request for information based on substantive change activities including but not limited to significant overall enrollment growth or rapid growth or expansion of locations (Exhibit PP - Substantive Change Policy; Exhibit PP - Substantive Change Procedures, see Section VII., especially D., pp 10-11; Exhibit PP - Guidance_Issuance of SIR).

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Analyst Worksheet- Narrative
Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must define 'rapid growth' in order for Department staff to fully understand the extent to which the agency requires institutions to maintain education quality.

Analyst Remarks to Narrative:
Agency policy allows the Commission to request additional information from institutions based on substantive change activities, including but not limited to, significant overall enrollment growth or rapid growth or expansion of locations. The agency monitors the Annual Institutional Update (AIU) submitted by institutions which may prompt concerns, including significant enrollment. Once this concern is triggered, the Commission will visit the additional location in accordance with agency policy and this criterion (Ex. PP Substantive Change Policy, Ex. PP Substantive Change Procedures, Ex. PP Guidance Issuance of SIR).

The agency does not define 'rapid growth,' therefore, Department staff is unable to ascertain the agency's meaning as to (including how many or to what extent) how many additional locations an institution may include without this definition.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

In the April 1, 2021, submission, the agency described how it monitors substantive change through the ongoing monitoring activities that occur during the accreditation review cycle (Ex. PP Substantive Change Procedures, Section VII., Page 11). Under the former Substantive Change Procedures (Ex. PP) included within the submission, the agency required an institution to respond to a supplemental information report (a request for information) based on substantive change activities including but not limited to significant overall enrollment growth or rapid growth or expansion of locations.

Effective August 1, 2022, the agency revised its Substantive Change Procedures to require a site visit to a new additional location if the institution opens five or more additional locations in the fiscal year (July 1-June 30), which the agency defines as rapid growth in the number of additional locations (01-602.22f3_Substantive-Change-Procedures-Aug-1-2022, Section VI.C.7, Page 9). When the institution meets the definition of rapid growth (has opened more than five additional locations in the fiscal year), and the institution submits multiple additional locations at the same time, the agency will visit 20 percent of the number of the new locations. Effective September 1, 2022, the agency revised the substantive change request form for the establishment of new additional locations to include questions on rapid growth (02-602.22f3_10b-Sub-Change-Request-Form-Add-Location-Aug-1-2022). Peer evaluators are asked to review each additional location in light of the growth and determine whether the institution can maintain educational quality while experiencing rapid growth or expansion in the number of locations (03-602.22f3_Sub-Change-Review-Report-Template-Sep-1-2022). The purpose of the visit is to verify the information submitted in the substantive change request and confirm that the institution appears to have sufficient personnel, facilities, resources, fiscal, and administrative capacity as described in the institution's substantive change request (01-602.22f3-Substantive-Change-Procedures-Aug-1-2022, Section VI.D., Page 9). Peer evaluators complete the Substantive Change Site Visit Report upon completion of the visit (04-602.22f3_Sub-Change-Site-Visit-Report-Template-Sep-1-2022). The revised Substantive Change Procedures, effective August 1, 2022, state that the agency will include a new location within the institution's scope of accreditation only after it verifies that the change does not appear to adversely affect the institution's compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory
The agency has not had an institution open more than five additional locations in the fiscal year from July 1, 2021 to June 30, 2022 (05-602.22f3-MSCHE Report_Sub-Change-Locations-by-Institution FY22). From July 1, 2021 to June 30, 2022, the Commission reviewed a total of 351 substantive changes, with 275 of those related to additional locations. Of those requests related to additional locations, the Commission approved only 27 new additional locations in FY22 (06-602.22f3_MSCHE Report_Sub-Change-Actions-FY22).

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

The agency revised its Substantive Change Procedures (effective August 2022) to define rapid growth (Ex. 01-602.22f3). The policy requires the Commission to conduct a substantive change site visit for new additional locations if the institution has opened five or more additional locations in the fiscal year (July 1 – June 30) which the Commission defines as rapid growth in the number of additional locations in accordance with federal regulations. If the institution submits more than five additional locations at the same time, the Commission will visit 20 percent of the number of new locations being submitted.

The agency’s revised policy is in accordance with this criterion and satisfies previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.22(g)
Description of Criteria

(g) The purpose of the visits described in paragraph (f) of this section is to verify that the additional location has the personnel, facilities, and resources the institution claimed it had in its application to the agency for approval of the additional location.

Narrative:
The Commission provides for substantive change site visits in its Substantive Change Procedures, Section VI. The stated purpose of the visits is “to verify the information submitted in the substantive change request and confirm that the institution appears to have sufficient personnel, facilities, resources, fiscal, and administrative capacity as described in the institution’s substantive change request...The Commission will also verify that the institution appears to have the capacity to sustain ongoing compliance with the Commission’s standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements.” (Exhibit PP - Substantive Change Procedures)

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency’s Substantive Change Procedures is directly aligned with this criterion which provides that the purpose of the visits is to verify the information submitted in the substantive change request and confirm that the institution appears to have sufficient personnel, facilities, resources, fiscal, and administrative capacity as described in the institution’s substantive change request. The Commission will also verify that the institution appears to have the capacity to sustain ongoing compliance with the Commission’s standards for accreditation, requirements of affiliation, policies and procedures, in accordance with this criterion. (Ex. PP Substantive Change Procedures)

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.22(h)
Description of Criteria
(h) The agency's substantive change policy must define when the changes made or proposed by an institution are or would be sufficiently extensive to require the agency to conduct a new comprehensive evaluation of that institution.

Narrative:
The Commission’s Substantive Change Procedures, Section VII.E, states, “When changes made or proposed by an institution are extensive or appear to transform the institution so that it is significantly different from the institution that was granted accreditation or reaffirmed in its most recent review, the Commission may, at the time of the substantive change action, direct the institution to undertake a new comprehensive review in accordance with Commission policy and procedure and federal regulation 34 CFR § 602.22(h). At the discretion of the Commission, extensive changes include but are not limited to significant changes in mission, or change in legal status, form of control, or ownership.” (Exhibit PP– Substantive Change Procedures) An example of the Commission’s implementation of this requirement is provided in Exhibit I – Thomas Jefferson_SAS, page 9.

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:
Agency policy must be revised to indicate that the Commission must (not may), at the time of the substantive change action, direct the institution to undertake a new comprehensive review.

Analyst Remarks to Narrative:

The agency's Substantive Change Procedures provides that when changes are made or proposed by an institution are extensive or appear to transform the institution so that it is significantly different from the institution that was granted accreditation or reaffirmed in its most recent review, the Commission may, at the time of the substantive change action, direct the institution to undertake a new comprehensive review in accordance with Commission policy and procedure; however this policy is inconsistent with criterion requiring that the agency must clearly indicate when a new comprehensive evaluation is required- a difference between what is required and permissive and the agency must revised this policy.

The Commission has discretion in determining what constitutes extensive change, including but it is limited to significant changes in mission, or change in legal status, form of control, or ownership (Ex. PP Substantive Change Procedures).

The agency provided documentation of a member institution's Statement of Accreditation Status (Ex. I Thomas Jefferson SAS) which details a substantive change and the agency's authority to assign extensive substantive changes beyond those listed to changes not expressly listed in agency policy and in accordance with this criterion (Ex. W Thomas Jefferson University SAS).

List of Document(s) Uploaded by Analyst - Narrative

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Response:

The agency’s Substantive Change Procedures (Ex. PP) in effect at the time of the April 1, 2021 submission stated: “When changes made or proposed by an institution are extensive or appear to transform the institution so that it is significantly different from the institution that was granted accreditation or reaffirmed in its most recent review, the Commission may, at the time of the substantive change action, direct the institution to undertake a new comprehensive review in accordance with Commission policy and procedure and federal regulation 34 CFR § 602.22(h). At the discretion of the Commission, extensive changes include but are not limited to significant changes in mission, or change in legal status, form of control, or ownership.”

Effective August 1, 2022, the agency revised its Complex Substantive Change Procedures (01-602.22h_Complex-Substantive-Change-Procedures, Section VIII.F., Pages 12-13) to state: “For all complex substantive changes, the Commission will, at the time of the substantive change action, direct the institution to conduct a new comprehensive evaluation, in accordance with Commission policy and procedure and federal regulation 602.22(h).” Throughout its substantive change policy documents, the agency defines complex substantive changes as a change which requires more in-depth review and/or
requires the Commission to assign or engage a peer evaluator with specialized professional expertise (e.g., accounting, legal, etc.). Changes in legal status, form of control, or ownership are always considered complex. In addition, any of the other types of substantive change may be considered “complex” at the discretion of the agency staff. Examples depend on the nature and scope of the change and include, but are not limited to, a change in the status of multiple locations, multiple types of change that are submitted simultaneously, and some institutional closures. Any changes that are designated as complex are subject to this provision. The agency also references this provision in the Substantive Change Procedures (02-602.22h_Substantive-Change-Procedures-Aug-1-2022, Section VII.H, Page 13).

To implement this procedure, the agency directs the institution to conduct the new comprehensive evaluation in the accreditation action that is taken on the complex substantive change. In the action, the agency will also establish the surviving institution’s accreditation review cycle (03-602.22h_Commonwealth-Univ-of-Penn-Statement of Accreditation Status, Page 8; 04-602.22h_Saint-Josephs-University_Statement of Accreditation Status, Page 7). The institution will attend the next regularly scheduled Self-Study Institute (SSI). If the institution attended SSI in the past two years, it will continue in its assigned accreditation review cycle and the agency will note that the institution is currently in self-study. In the case of a merger of two member institutions, the surviving institution is held responsible for submitting any outstanding follow-up reports or addressing any findings from the most recent review of a partner institution(s) (01-602.22h_Complex-Substantive-Change-Procedures, Section VIII.F., Pages 12-13).

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

The agency revised its Complex Substantive Change Procedures (effective August 2022) to remove the permissive language associated with when the Commission will undertake a new comprehensive review in light of a substantive change action (Ex. 01-602.22h). The policy provides “[f]or all complex substantive changes, the Commission will, at the time of the substantive change action, direct the institution to conduct a new comprehensive evaluation, in accordance with Commission policy and procedure and federal regulation.

The agency defines complex substantive changes as a change in legal status, form of control, or ownership, a change in the status of multiple locations, multiple types of change that are submitted simultaneously, some institutional closures, and changes at the discretion of the Commission staff.

The agency’s revised policy is in accordance with this criterion and satisfies previous Department staff concerns.
Criteria: 602.23(a)

Description of Criteria

(a) The agency must maintain and make available to the public written materials describing--

(1) Each type of accreditation and preaccreditation it grants;

(2) The procedures that institutions or programs must follow in applying for accreditation, preaccreditation, or substantive changes and the sequencing of those steps relative to any applications or decisions required by States or the Department relative to the agency's preaccreditation, accreditation, or substantive change decisions;

(3) The standards and procedures it uses to determine whether to grant, reaffirm, reinstate, restrict, deny, revoke, terminate, or take any other action related to each type of accreditation and preaccreditation that the agency grants;

(4) The institutions and programs that the agency currently accredits or preaccredits and, for each institution and program, the year the agency will next review or reconsider it for accreditation or preaccreditation; and

(5) A list of the names, academic and professional qualifications, and relevant employment and organizational affiliations of—

   (i) The members of the agency's policy and decision-making bodies; and

   (ii) The agency's principal administrative staff.

Narrative:

Following the review of its standards, the Commission adopted and implemented an eight-year accreditation cycle that begins with the comprehensive self-study evaluation with an on-site evaluation visit by peers, improves annual monitoring through an Annual Institutional Update (AIU), and implements a Mid-Point Peer Review (MPPR), which also includes peer review. All components and steps in the Commission’s eight-year accreditation review cycle are established in Accreditation Review Cycle and Monitoring Policy, and the components and steps in the evaluation and decision-making processes are described in Accreditation Review Cycle and Monitoring Procedures, both of which were updated in October 2020 (Exhibit PP – Accreditation Review Cycle Policy; Exhibit PP - Accreditation Review Cycle Procedures). The Commission also codified a more robust application and candidacy process in July 2020 to ensure that those institutions that apply and granted Candidate for Accreditation Status are those that are likely to achieve accreditation. General information on becoming accredited is available on the Commission’s website, all components and steps in the application review cycle are established in Application and Candidacy Review Cycle and Monitoring Policy, and the components and steps in the evaluation and decision-making processes for the application and candidacy are in Application and Candidacy Review Cycle and Monitoring Procedures (Exhibit W – Application & Candidacy Webpage; https://www.msche.org/accreditation/application-and-candidacy/; Exhibit PP -
Mid-way between self-studies, the Commission conducts a Mid-Point Peer Review (MPPR), which facilitates a review of (1) four years of accumulated Annual Institutional Update (AIU) student achievement, viability and capacity and financial data and (2) recommendation responses which are a narrative that describes actions the institution has taken or plans to take relative to concerns identified in a previous Commission action and may include accomplishments and outcomes, action plans, benchmarks, assessment results, and/or data trends, or indicate that no action has been taken during the specified period. The MPPR is fully discussed under 602.16(a)(1)(i) and 602.19. Peer evaluators review the data trends over the preceding four years, and institutions receive the peer evaluators’ report noting any concerns resulting from the review. The institution also may submit an institutional response reflecting on the data and how the institution is achieving its mission and goals. In addition to the Accreditation Review Cycle and Monitoring Policy and Procedures, information on the MPPR is published on the website (Exhibit W – MPPR FAQ https://www.msche.org/accreditation/mid-point-peer-review-faq/). Following its multi-level decision-making process, the Commission will take an action in accordance with its Accreditation Actions Policy and Procedures (Exhibit PP – Accreditation Actions Policy; Exhibit PP – Accreditation Actions Procedures).

The AIU, which is fully discussed under 602.16(a)(1)(i) and 602.19, is the Commission’s primary means of collecting members’ institutional characteristics (key contacts, Carnegie classification, locations, etc.), as well as enrollment, financial, and student achievement indicators (including retention, graduation, and default rate). Information and expectations regarding the AIU are published on the Commission’s website in the Institutions section under Accreditation (Exhibit W – AIU Webpage https://www.msche.org/accreditation/annual-institutional-update/). The AIU Dictionaries provide information for specific institutional types (Exhibit G – AIU_Public; Exhibit G – AIU_For-Profit; Exhibit G – AIU_NonProfit).

Additional monitoring may result from the self-study, MPPR, or AIU as described in Accreditation Review Cycle and Monitoring Policy and Procedures, Accreditation Activities Guidelines, Follow-up Reports Guidelines, and Follow-up Reports and Visits Procedures. The accreditation cycle retains the Commission’s right to add any interventions through other types of monitoring as described under 602.19, such as additional reporting or a visit, as soon as there is any indication of concern regarding compliance with accreditation standards, requirements of affiliation, policies and procedures, or applicable federal regulatory requirements. (Exhibit PP – Accreditation Review Cycle Policy; Exhibit PP – Accreditation Review Cycle Procedures; Exhibit PP – Accreditation Activities Guidelines; Exhibit PP – Follow-up Reports Guidelines; Exhibit PP – Follow-up Reports and Visits Procedures).

The Commission’s Standards for Accreditation and Requirements of Affiliation can be viewed online or downloaded as a PDF (Exhibit PP - Standards). The Commission also provides an introduction to the standards and requirements of affiliation in the video Understanding the Standards and Requirements of Affiliation available on its webpage. Separate videos for each of the standards are also available (Exhibit W – Standards Webpage; https://www.msche.org/standards/). These videos are being reviewed and will be updated as needed.

All Commission policies and procedures are published and available to view or download on the Commission’s website under the Policies section. Changes to the Commission’s accreditation cycle in 2017 prompted the Commission to undertake a project to revise its policies and procedures to establish...
a clear and distinct statement of policy and to develop a separate statement of procedures that implement policy. The complete list of documents clearly identifies each document as Accreditation Policy, Procedure, Guideline, Administrative Policy, or Request Form. Since 2017, the Commission has revised more than 23 policies, procedures, and guidelines and established at least 11 new policies, procedures, or forms to reflect changes and to support member institutions. (Exhibit W – Policies Webpage; https://www.msche.org/policies/).

The website provides a searchable directory of member institutions that includes information on each institution and its scope of accreditation. The general listing of institutions identifies whether the institution is a Candidate for Accreditation or is Accredited without requiring the user to open the directory entry. The complete directory entry includes the institution’s accreditation phase and status, the year accreditation was first granted, the date of its last reaffirmation, the dates of the institution’s next self-study evaluation and next Mid-Point Peer Review, and the complete listing of all accreditation actions taken in the last 10 years. The entry also lists the institution’s activities that are included within the scope of accreditation including approved alternative delivery methods, credential levels, and locations. For each location listed, the site is clearly identified as a Branch Campus, Additional Location, or Other Instructional Site. (Exhibit W – MSCHE_InstitutionDirectoryWebpage_Locations; https://www.msche.org/institution/)

To support public access to information about the institution, the Commission also provides a direct link to the institution’s College Navigator webpage, the College Scorecard webpage, and the institution’s own student achievement website.

As described in response to 602.14(b)(2), the Commission publishes a roster of all current Commissioners along with a photograph and brief profile of each member on its website (Exhibit W – Commissioners Webpage; https://www.msche.org/commissioners/). The profile provides background information including current title and institutional or organizational affiliation, professional experience and qualifications. Exhibit W - Commissioner Profiles provides the profiles for all current Commissioners. The Commission’s website also provides information about its staff members including a photograph and brief profile. Staff profiles provide the current title and brief description of the individual’s role, length of service, description of the professional experience and expertise, and the staff member’s educational credentials. Exhibit W - Staff Profiles provides the profiles for all current staff members.

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| Exhibit W - AIU Webpage | Exhibit W - AIU Webpage.pdf | - | - |
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| Exhibit W - Commissioner Profiles | Exhibit W - Commissioner Profiles.pdf | - | - |
| Exhibit W - Commissioners Webpage | Exhibit W - Commissioners Webpage.pdf | - | - |
| Exhibit W - MPPR FAQs | Exhibit W - MPPR FAQ.pdf | - | - |
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| Exhibit W - Standards Webpage | Exhibit W - Standards Webpage.pdf | - | - |
| Exhibit W- InstitutionDirectoryWebpage_Locations | Exhibit W- InstitutionDirectoryWebpage_Locations.pdf | - | - |

Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency has a practice for making information available and accessible to the public via electronic and upon written request. Via the agency’s public website copious information on becoming accredited, all components and steps in the application review cycle, and the components and steps in the evaluation and decision-making processes for the application and candidacy are in Application and Candidacy Review Cycle and Monitoring Procedures. The agency also lists each Standard which when clicked, leads the public to an overview of that Standard in video format which is clear and easy to understand. (Ex. W Standards Webpage, Ex. W Policies Webpages)

The agency website also provides a list of its member institutions and upon clicking the institution link, the contact information for the institution, the year accreditation was originally granted, the last reaffirmation, the next self-study evaluation, and the next mid-point peer review is displayed for the public. (Ex. W Institution Directory Webpage)
Under the agency’s About Us and Commissioner, each Commission member is displayed along with their term in office and a link to view their brief bio. (Ex. W Commissioners Webpage) Additionally, the agency’s staff members are displayed under the About Us and Staff links with similar information available to the public. (Ex. O Staff Profiles) Department staff reviewed the agency’s website and verified information contained on the site.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.23(b)
Description of Criteria

(b) In providing public notice that an institution or program subject to its jurisdiction is being considered for accreditation or preaccreditation, the agency must provide an opportunity for third-party comment concerning the institution’s or program’s qualifications for accreditation or preaccreditation. At the agency’s discretion, third-party comment may be received either in writing or at a public hearing, or both.

Narrative:
In accordance with its Communication in the Accreditation Process Procedures, Section IV.D., the Commission publishes on its website the evaluation schedule for the upcoming academic year and invites third party comments on institutions undergoing self-study evaluation and hosting an on-site evaluation visit, preparing for a follow-up report and visit, or undergoing evaluation for the grant of candidacy or the grant of accreditation. The evaluation schedule can be accessed under the Institutions section of the website along with the Institution Directory and through the Complaints section of the website. The webpage provides the deadlines for submission as well as the link to the Complaints and Third Party Comments webpage where the policy and procedures are provided. (Exhibit PP – Communication Procedures; Exhibit PP - Third Party Comment Policy; Exhibit W – Evaluation Schedule Webpage https://go.msche.org/evaluation-schedule)

The Commission defines third party comment as those submitted to the Commission outside of official communications between an institution and the Commission and invites comment to assist in the accreditation review process. Third party comments must address the institution’s compliance with or ability to comply with the Commission’s requirements of affiliation, accreditation standards, policies and procedures, and applicable federal regulatory requirements. To facilitate the submission of third party comments, the Commission’s redesigned website provides an online form to more easily submit third party comments and complaints involving member institutions. Individuals complete the e-form and
upload supporting evidence directly through the MSCHE website. (Exhibit W - MSCHE Webpage_Complaints https://go.msche.org/complaints; Exhibit W - Online Complaint-TPC Form_2020).

Third party comments are shared with both the institution and the peer evaluators for consideration along with all other accreditation materials in accordance with the policy Third Party Comment. The results of the review are included in Section G of the team report prepared by the on-site evaluation team, and addressed by the chair in Section C.5 of the confidential brief. The comments as well as the team report and confidential brief become part of the accreditation materials available to the review committee and to the Commission for its consideration in taking an accreditation action. Exhibit I – Third Party Comment provides an example of a third party comment received, shared with the evaluation team and reviewed by the Commission.

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency provided a website screenshot of its announcement of comments (Ex. W MSCHE Webpage Complaints), a sample Complaints and Third-Party Comments form (Ex. W Online Complaint TPC Form), and documentation of an agency response to a complaint received from one of its member institutions.
(c) The accrediting agency must--
   (1) Review in a timely, fair, and equitable manner any complaint it receives against an accredited institution or program that is related to the agency's standards or procedures. The agency may not complete its review and make a decision regarding a complaint unless, in accordance with published procedures, it ensures that the institution or program has sufficient opportunity to provide a response to the complaint;
   (2) Take follow-up action, as necessary, including enforcement action, if necessary, based on the results of its review; and
   (3) Review in a timely, fair, and equitable manner, and apply unbiased judgment to, any complaints against itself and take follow-up action, as appropriate, based on the results of its review.

Narrative:
The Commission recognizes that current and prospective students, employees, and others both within and outside of the institution can provide an important perspective on the institution's compliance with the standards for accreditation, requirements of affiliation, applicable federal regulatory requirements. Commission policies and procedures provide a way for the Commission to receive such information at any time through the Complaints Involving Member and Candidate Institutions Policy (Exhibit PP - Complaints Involving Institutions Policy).

Complainants must submit the complaint in accordance with the procedures established in Section III of the Complaints Involving Member and Candidate Institutions Policy, which requires submission through the Commission's official online Complaints and Third Party Comment Form (Exhibit W - Online Complaint-TPC Form_2020). The complaint must identify the specific standard, requirement of affiliation, policy or procedure that has allegedly been violated. The Commission strives to ensure a timely but thorough review. The implementation of the online process has created efficiencies for both the complainant/commenter as well as the Commission, and this has facilitated and improved the Commission's management of complaints or comments that have been received. All complaints are
acknowledged immediately by the online system upon successful submission of the form. The Commission then conducts its initial review of the complaint within 30 business days, and if the complaint appears to be within its purview, the complaint and all documentation are forwarded to the institution for an Institutional Response. The institution is then provided the opportunity to respond to the complaint and provide supporting evidence. As stated in the procedures, “the Commission cannot proceed with its review unless the institution is permitted to see the complaint and to respond to specific charges regarding its compliance with accreditation requirements or its own policies or procedures.” The institution is required to provide its Institutional Response within 30 business days. The Commission may, at its discretion, request a response within a shorter period should the circumstances or issues raised require it.

The Commission conducts its review of the complaint, the Institutional Response and all documentation within 15 business days of receipt of the Institutional Response. The timeline may be adjusted should additional information be required from either the complainant or the institution in order to complete the review to the Commission’s satisfaction. Both parties are notified of any changes in the timeline. If the Institutional Response is not received by the deadline or the institution does not satisfactorily address the Commission’s concerns, the Commission may take any of the actions available to it under the Accreditation Actions Policy and Procedures (Exhibit PP - Complaints Involving Institutions Policy; Exhibit PP - Accreditation Actions Policy; Exhibit PP – Accreditation Actions Procedures). Exhibit G – Complaint provides an example of a complaint received and reviewed by the Commission.

A second policy, Complaints Against the Commission, provides a formal mechanism whereby individuals may submit complaints about the Commission’s lack of compliance with its own published policies and procedures, with federal regulations, or with the recognition criteria of the Council for Higher Education (CHEA). As stated in the policy, “[T]he Commission pledges to review in a timely, fair, and equitable manner, and apply unbiased judgment to complaints against itself and take follow-up action, as appropriate, based on the results of its review. All complaints against the Commission are acknowledged within 14 days of receipt and reviewed by the President on behalf of the Commission within 30 days, unless the Commission grants a reasonable request for additional time. Any changes in the timeline are communicated to the complainant. If the complaint involves the President, the Commission Chair conducts the review. The President, or the Chair as appropriate, may report to the Executive Committee and/or to the Commission on the nature and disposition of complaints against the Commission and implements any corrective action where appropriate or makes a recommendation to those with authority to implement any corrections Exhibit PP - Complaints Against the Commission. Exhibit G – Complaint Against Commission_2020 provides an example of a complaint received and reviewed under the Complaints Against the Commission policy.

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The agency attests and provides documentation of its Complaints Involving Member and Candidate Institutions Policy related to complaints by current and prospective students, staff, and others within and outside of the institution against an institution. The policy allows for an online submission of complaints using the agency’s Complaints and Third-Party Comment Form that allows the agency to receive submissions in a timely manner. Once received, Commission staff will acknowledge receipt of all complaints within 15 business days. The Commission will not proceed with its review unless the institution is permitted to see the complaint and to respond to specific charges regarding its compliance with accreditation requirements or its own policies or procedures. The Commission will then ordinarily forward a copy of the complaint to the principal administrative officer of the institution and request an institutional response. The institution is asked to respond to the Commission regarding the complaint within 30 business days after the Commission mails a copy of the complaint and related materials to the institution. In consideration of the circumstances of or issues raised in the complaint, the Commission may, on occasion, request a response within a shorter period. In its letter to the institution, the Commission will provide the specific date by which the response must be received. The Commission will attempt to notify the complainant and the institution of the results of the review in writing within 15 business days after the institution has submitted its response. If the institution is found out of compliance, the President of the Commission places the matter on the agenda of the Executive Committee for its determination as to the future course of action. If a complaint prompts action by the Commission, it is placed in the institution’s file in the Commission office and is shared with the next evaluation team. All complaint records are maintained in the Commission office (Ex. PP Complaints Involving Institutions Policy).

The agency also has a policy for complaints by individuals or entities against the Commission regarding the Commission’s lack of compliance with its own published policies and procedures or Federal regulations. (Ex. PP Complaints Against the Commission) Under this policy complaints must be submitted in writing to the President of the Commission; state clearly the nature of the complaint including the relevant facts and circumstances; and be signed by the complainant. Once submitted, the President of the Commission will acknowledge all complaints within 14 days of receipt and by return letter. The President of the Commission (or the Chair, if the complaint involves the President) reviews each complaint made against the Commission within 30 days (unless the Commission grants a reasonable request for additional time); reports, as may be warranted or required, to the Executive
Committee (during its monthly meetings) and/or to the Commission on the nature and disposition of complaints against the Commission; implements corrective action where appropriate or makes recommendations to those having authority to implement the corrections; and compiles annually a list, available to the public on request, that summarizes the complaints and their dispositions. Upon advice of counsel, the Commission retains the right to withhold public disclosure of information if potential legal action is involved in the complaint (Ex. PP Complaints Against the Commission).

The agency provided documentation of two complaint responses in letter form. Both complaints were against member institutions. One response was addressed to the President of the institution soliciting a response to a complaint (Ex. G Complaint) and the other was addressed directly to the complainant acknowledging the complainant’s three previously submitted complaints, the resolution, and the agency’s timely response (Ex. Complaints Against the Commission 2020). In sum, both letters demonstrate compliance with agency policy of timely response and an opportunity for institutions to respond to complaints against them.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.23(d)

Description of Criteria

(d) If an institution or program elects to make a public disclosure of its accreditation or preaccreditation status, the agency must ensure that the institution or program discloses that status accurately, including the specific academic or instructional programs covered by that status and the name and contact information for the agency.

Narrative:
The Public Disclosures Policy and Procedures define the Commission’s requirements for information institutions must publicly disclose and the manner in which it should be disclosed. Section III of the Public Disclosures Procedures provides specific guidance to ensure accurate representation of about its membership in MSCHE on its website and wherever accreditation is referenced in the institution’s publications (Exhibit PP – Public Disclosures Policy; Exhibit PP - Public Disclosures Procedures). The Procedures require institutions to publicly disclose a comprehensive statement about its accreditation status with MSCHE on the institution’s website and wherever accreditation is referenced in publications. The Commission expects this statement to be easily accessible to the public and institutional constituents, and be up-to-date, accurate, and complete. Institutions must include their current
accreditation phase and accreditation status. Phase refers to the institution’s stage within the accreditation lifecycle (applicant, candidate, accredited), and Status refers to the member’s standing with the Commission based on its most recent grant of candidate for accreditation status, grant of accreditation, reaffirmation, non-compliance, or adverse action taken by the Commission. Public Disclosures Procedures Section III.C. (p 4) provides a sample statement that defines the required information that must be displayed including the accreditation phase, accreditation status, non-compliance and adverse actions, and scope of accreditation.

Because MSCHE is an institutional accreditor, when it grants Candidate for Accreditation Status or accreditation, or when accreditation is reaffirmed, the action applies to the institution in its entirety. Changes considered substantive according to the Substantive Change Policy and Procedures must be reviewed and approved by the Commission before that activity can be included within the institution’s scope of accreditation and prior to implementation. As required under the Substantive Change Procedures, Section III.L., “[T]he institution must wait until the substantive change request is submitted before advertising, marketing, or recruiting for the planned substantive change. Until the change is included within the scope of the institution’s accreditation, the institution must include a written notification on all relevant advertising, marketing, or recruiting materials that a proposed substantive change is “pending approval by the Middle States Commission on Higher Education.” (Exhibit PP - Substantive Change Policy; Exhibit PP - Substantive Change Procedures)

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency’s Public Disclosures Policy and Procedures requires institutions to accurately represent their current accreditation phase, accreditation status, and scope of accreditation to the public on its website and wherever accreditation is referenced in publications. (Ex. PP Public Disclosures Procedures) The institution must disclose educational program information, relevant policies and procedures (including credit hour, admissions, complaints or grievances, etc.), student achievement data on the institution’s website that is up-to-date, accurate, and complete. The Commission verifies (at regular intervals) that
the member institution has accurately represented its accreditation phase, accreditation status, and its scope of accreditation through the Verification of Compliance with Accreditation Relevant Federal Regulations and through accreditation activities in accordance with this criterion. (Ex. PP Public Disclosures Policy, Ex. PP Public Disclosures Procedures)

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.23(e)
Description of Criteria

(e) The accrediting agency must provide for the public correction of incorrect or misleading information an accredited or preaccredited institution or program releases about--
   (1) The accreditation or preaccreditation status of the institution or program;
   (2) The contents of reports of on-site reviews; and
   (3) The agency's accrediting or preaccrediting actions with respect to the institution or program.

Narrative:
The Commission’s policies and procedures establish expectations for member institutions’ public disclosure of information about the institution and its accreditation status as well as for the Commission’s communication of information about its member institutions.

As described in response to 602.23(d), the Public Disclosures Policy and Procedures require member institutions to publicly disclose truthful consumer information and accurately represent their current accreditation phase, accreditation status, and scope of accreditation to the public. Section IV.A of the Public Disclosures Procedures provides that the “Commission will require that an institution correct any misleading consumer information or misrepresented its accreditation phase, accreditation status, scope of accreditation, the contents of reports or reviews, the institution’s standing with the Commission, or the Commission’s accreditation actions to immediately take corrective action as directed by Commission staff.” If the institution does not take timely corrective action or fails to comply with the Public Disclosures Policy and Procedures, the Commission may take any accreditation action under the Accreditation Actions Policy and Procedures. As allowed under both the Public Disclosures Procedures, Section IV, and the Communication in the Accreditation Process Procedures, Section VII.G, the Commission may make information available to the public in order to correct misleading information. (Exhibit PP - Public Disclosures Policy; Exhibit PP - Public Disclosures Procedures; Exhibit PP –
As noted in the previous section, the agency has a policy that requires the correction of incorrect or misleading information. Specifically, the Commission will require an institution that has provided misleading consumer information or misrepresented its accreditation phase, accreditation status, scope of accreditation, the contents of reports or reviews, the institution’s standing with the Commission, or the Commission’s accreditation actions to immediately take corrective action as directed by Commission staff.

The Commission verifies (at regular intervals) that the member institution has accurately represented its accreditation phase, accreditation status, and its scope of accreditation through the Verification of Compliance with Accreditation Relevant Federal Regulations and through accreditation activities in accordance with this criterion. Additionally, the Commission reserves the right to take any accreditation action in accordance with its policy and procedures if the institution does not comply with its Public Disclosures Procedures or take corrective action in a timely manner.
Criteria: 602.23(f)
Description of Criteria

(f)

(1) If preaccreditation is offered—
   (i) The agency’s preaccreditation policies must limit the status to institutions or programs that the agency has determined are likely to succeed in obtaining accreditation;
   (ii) The agency must require all preaccredited institutions to have a teach-out plan, which must ensure students completing the teach-out would meet curricular requirements for professional licensure or certification, if any, and which must include a list of academic programs offered by the institution and the names of other institutions that offer similar programs and that could potentially enter into a teach-out agreement with the institution;
   (iii) An agency that denies accreditation to an institution it has preaccredited may maintain the institution’s preaccreditation for currently enrolled students until the institution has had a reasonable time to complete the activities in its teach-out plan to assist students in transferring or completing their programs, but for no more than 120 days unless approved by the agency for good cause; and
   (iv) The agency may not move an accredited institution or program from accredited to preaccredited status unless, following the loss of accreditation, the institution or program applies for initial accreditation and is awarded preaccreditation status under the new application. Institutions that participated in the title IV, HEA programs before the loss of accreditation are subject to the requirements of 34 CFR 600.11(c).

(2) All credits and degrees earned and issued by an institution or program holding preaccreditation from a nationally recognized agency are considered by the Secretary to be from an accredited institution or program.

Narrative:

As described in response to 602.16(a)(2), in 2020, the Commission holds new policy and procedures for the application and candidacy (preaccreditation) process that ensures that institutions of higher education applying for candidate for accreditation status undergo a rigorous, consistent, and equitable process that ensures that successful applicants meet minimum requirements. (Exhibit PP - Application_Candidacy Review Cycle Policy; Exhibit PP – Application_Candidacy Review Cycle Procedures)

The application and candidacy process includes multiple iterations of review including pre-application, application, and candidacy to ensure that institutions granted Candidate for Accreditation Status are likely to achieve accreditation. Interested institutions undergo pre-screening to determine basic
eligibility to apply and submit a pre-applicant report with evidence followed by a peer evaluator visit to ensure the institution meets basic eligibility requirements before it is invited to apply for candidate status. Institutions that demonstrate eligibility are invited to submit an application through an Accreditation Readiness Report and undergo peer review through an Applicant Assessment Team Visit. Finally, Candidate for Accreditation Status is granted to those institutions that appear to meet all of the standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements. The complete requirements and procedures are established in the Application and Candidacy Review Cycle and Monitoring Policy and Procedures.

Institutions that are allowed to submit an application must provide an updated Accreditation Readiness Report and supporting evidence, a teach-out plan and agreements as appropriate, and the Applicant Annual Institutional Update (Exhibit PP – Application_Candidacy Review Cycle Procedures, see Section IV, pp 8-13).

In Exhibit PP – Application_Candidacy Review Cycle Policy, Section II, the Commission verifies that it “shall limit Candidate for Accreditation Status to those institutions that can demonstrate compliance with standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements and are likely to attain accreditation in accordance with federal regulation §602.23(f)(1)(i). The Commission affirms this position in the Procedures, Section VII.DD., which states, “[A]n institution that is granted Candidate for Accreditation Status by the Commission has demonstrated that it appears to meet the standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements and the institution is likely to attain accreditation before the expiration of the federally mandated five year time limit allowed for candidacy.”

The Commission demonstrates that it will not move an accredited institution from accredited to Candidate for Accreditation status except as directed by 602.23(f)(1)(iv) in its Application and Candidacy Review Cycle and Monitoring Procedures, Section V.D., which states “The Commission will not move an accredited institution from accredited to Candidate for Accreditation status unless, following the withdrawal of accreditation, the institution applies for initial accreditation and is awarded Candidate for Accreditation status under the new application in accordance with federal regulation § 602.23(f)(1)(iv). Institutions that participated in the title IV, HEA programs before the withdrawal of accreditation are subject to the requirements of 34 CFR § 600.11(c).” (Exhibit PP – Application_Candidacy Review Cycle Procedures)

In addition to the Application and Candidacy Review Cycle and Monitoring Policy and Procedures, the Commission’s Teach-Out Plans and Agreements Policy and Procedures defines the circumstances under which institutions are required to submit a teach-out plan and if practicable, teach-out agreement, including in the Policy, Section II.1., “the institution is applying for or has Candidate for Accreditation Status with the Commission” (Exhibit PP - Teach-Out Plans and Agreements Policy). The Teach-Out Plans and Agreements Procedures also state this requirement in section III.A.1. (Exhibit PP - Teach-Out Plans and Agreements Procedures).

To ensure that teach-out plans and agreements provide appropriate and sufficient information, the Commission provides the Teach-Out Plans and Agreements Form that institutions must submit along with appropriate documentation and evidence. Section A.1.g., requires the institution to provide an inventory of all the academic programs included in the teach-out plan, including the name of the program and credential level, percent of the program offered at the location, the proposed program end
date, number of students currently enrolled in the program, the number of students who can and number who will not complete by the program end date, and the name of any other USDE-recognized accreditor for each program. Section A.1.h., requires the institution to “[D]escribe how the teach-out plan ensures that students completing the teach-out would meet curricular requirements for professional licensure or certification, if any.” (Exhibit F - Teach-Out Plans-Agreements Form, see especially pp 2-3).

The length of the teach-out period will depend on the type of teach-out, but the Teach-Out Plans and Agreements Procedures, Section III.E, specifies that the length of the teach-out for a candidate institution “may not exceed 120 days unless approved for good cause by the Commission in accordance with federal regulation 34 CFR §602.23(f)(1)(iii).” The teach-out period cannot extend beyond the date that an institution holds legal authorization or degree granting authority, the date of closure, or the date that accreditation will cease.

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests that it offers preaccreditation and has policies and procedures for the application and candidacy process including pre-application, application, and candidacy of incoming institutions. To start, the process ensures that institutions granted Candidate for Accreditation Status are likely to achieve accreditation during this rigorous and fair process. (Ex. PP Application Candidacy Review Cycle Policy)

The policy requires preaccredited institutions to submit a teach-out plan and if applicable, teach-out agreement(s) for review prior to implementation. (Ex. PP Teach Out Plans and Agreements Procedures)
Agency policy states, for institutions subject to a final adverse action, that the Commission will maintain the institution's Candidate for Accreditation status for currently enrolled students until the institution has had a reasonable time to complete the activities in its teach-out plan to assist students in transferring or completing their programs, but for no more than 120 days unless approved by the agency for good cause in accordance with federal regulation. The Commission may ask the institution to submit an updated teach-out plan and teach-out agreements. (Ex. PP Application and Candidacy Review Cycle Procedures)

The agency’s Candidacy Review Cycle Procedures further state that the Commission will not move an accredited institution from accredited to Candidate for Accreditation status unless, following the withdrawal of accreditation, the institution applies for initial accreditation and is awarded Candidate for Accreditation status under the new application in accordance with federal regulation. Institutions that participated in the title IV, HEA programs before the withdrawal of accreditation are subject to the requirements of this policy. (Ex. PP Application Candidacy Review Cycle Procedures)

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.23(g)
Description of Criteria

(g) The agency may establish any additional operating procedures it deems appropriate. At the agency's discretion, these may include unannounced inspections.

Narrative:

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Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation in response to this criterion.

Analyst Remarks to Narrative:

Department staff are unable to evaluate whether the agency has a process in place given the agency failed to provide an answer to this criterion.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

The agency conducts ongoing monitoring activities and reevaluates institutions to identify any concerns with the institution’s ongoing compliance with the agency’s standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements (Ex. PP, Page 9). The agency employs a number of approaches to monitor institutions throughout the accreditation review cycle including the Annual Institutional Update (AIU), recommendation responses, follow-up reports and visits, and out of cycle supplemental information reports (requests for information) (Ex. PP, Section IV: Ongoing Monitoring Activities, Page 9). The agency will request information at any time if it obtains information that suggests the institution has conducted activities that raise concerns about the institution’s ongoing compliance with agency standards for accreditation, requirements of affiliation,
policies and procedures, and applicable federal regulatory requirements (Ex. PP, Page 11). The agency applies this procedure as part of its ongoing monitoring activities.

The agency revised the Accreditation Review Cycle and Monitoring Procedures October 1, 2022, and retained these statements (01-602.23g-Accreditation-Review-Cycle-Procedures-Oct-1-2022, Pages 11 and 14). The revisions are intended to clarify the process for reviewing out of cycle SIRs and incorporate the guidance for the issuance of out of cycle SIRs or requests for information. The circumstances under which the agency will request a SIR are now included as Appendix A: Guidance for Issuance of Out-of-Cycle Supplemental Information Reports (SIRs) or Requests for Information, Page 19).

In the request for an out of cycle SIR, the agency requires that the institution provide a written response and evidence to address the agency’s concerns, provide any documentation that may be relevant to substantiate or correct the information the agency has received, and describe any actions planned or taken by the institution to ensure ongoing compliance (02-602.23g_Univ-of-Maryland_SIR-Request). In addition, the institution is required to inform the agency about any and all significant developments related to any internal or external investigations surrounding these concerns if applicable.

The revised Accreditation Review Cycle and Monitoring Procedures (01-602.23g-Accreditation-Review-Cycle-Procedures-Oct-1-2022, Section IV.D., Page 14) outline the steps the agency takes to request and review the SIR and evidence through a multi-level accreditation decision making process. All SIRs are initially reviewed by the Commission staff liaison and a general report on all SIRs issued is shared with the Executive Committee. The SIRs progress through committee and Commission review. The agency may direct a follow-up team visit following the submission of the SIR if on-site review and verification is required to confirm the institution’s compliance. The purpose of the visit is to verify the information provided in the SIR and determine if the institution appears to demonstrate ongoing compliance. The visit will be conducted by peer evaluators and the staff liaison may accompany the team of peer evaluators during the visit. The Commission will take an action in accordance with its policy and procedures for accreditation actions. If the SIR and evidence demonstrate that the institution is in compliance, the agency will acknowledge receipt of the report. If any areas of non-compliance are identified by the team and verified during the visit, the agency will take a non-compliance action of warning, probation or show cause and require a monitoring report and direct a follow-up team visit or require a show cause report and show cause visit. The agency will reaffirm accreditation after a non-compliance action only when the institution has provided evidence that it is in compliance with all of the Commission’s standards for accreditation, requirements of affiliation, policies and procedures, or applicable federal regulatory requirements. Upon reaffirmation, the agency requires the institution to submit a monitoring report to ensure the full implementation of corrective action and evidence that the institution has demonstrated sustained compliance.

The agency provides an example of an out of cycle review that was prompted by a media report. On August 15, 2018, the agency requested a supplemental information report from the institution (02-602.23g_Request SIR-Media-Aug-15-2018). The institution submitted the report and the agency took action on November 15, 2018 to acknowledge receipt and request another SIR to provide the status of any investigations (03-602.23g_Action on SIR-Nov-15-2018). At the June 2019 Commission meeting, the agency issued a warning because of insufficient evidence that the institution was in compliance with Standard VII (Governance, Leadership, and Administration) (04-602.23g_SIR-Warning-Action-Jun-27-2019). The institution was required to submit a monitoring report to demonstrate ongoing compliance with Standard VII. The agency also required a follow-up team visit. On June 25, 2020, the agency took the action of reaffirmation because the institution provided evidence that it was in compliance with the

Following established procedures, the agency requested another monitoring report following reaffirmation asking the institution to demonstrate the full implementation of corrective measures and further evidence of its sustained compliance.

The agency draws your attention to a report on out of cycle SIRs requested and reviewed from 2019-2022 (08-602.23g-MSCHE-Report-SIRs-by-year).

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

The agency has provided narrative and documentation to demonstrate its revised (as of October 2022) policy that clarifies the process for reviewing out of cycle Supplemental Information Reports (SIRs) and requests for information as an additional operating procedure it deems appropriate. The revised policy allows the agency to request information in the form of a SIR request or a request for information if the Commission becomes aware of developments at an institution from the institution, media reports, other accreditors, substantive change, or other publicly available information that may indicate non-compliance with the Commission standards for accreditation, requirements of affiliation, policy and procedures, and applicable federal regulatory requirements (Ex. 01-602.23g). Additionally, if the Commission deems appropriate, it may require a follow-up team visit if there are any outstanding issues it believes are better answered with an on-site review and verification.

This additional information satisfies previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.24(a)
Description of Criteria

If the agency is an institutional accrediting agency and its accreditation or preaccreditation enables those institutions to obtain eligibility to participate in title IV, HEA programs, the agency must demonstrate that it has established and uses all of the following procedures:
The agency must require the institution to notify the agency if it plans to establish a branch campus and to submit a business plan for the branch campus that describes—

(1) The educational program to be offered at the branch campus; and
(2) The projected revenues and expenditures and cash flow at the branch campus.

Narrative:
The Commission requires prior approval for the establishment, relocation, reclassification, or closing of a branch campus. The Substantive Change Policy, Procedures, and Guidelines, as described in 602.22, include a definitions section that defines branch campus and additional location according to federal regulation (Exhibit PP – Substantive Change Policy, see Section IV, B and C, p 3; Exhibit PP – Substantive Change Procedures, see Section VIII, B and C, p 12; Exhibit PP – Substantive Change Guidelines, see Section II, 10 and 11, pp 15-20). The policy and procedures specify the requirements for obtaining prior approval. As described in response to 602.22, forms are provided for each type of substantive change request, and the establishment, relocation of, or reclassification to branch campus is included in Substantive Change form 11b (Exhibit F – Substantive Change Forms_All). Under Section A.15 Financial and Risk Analysis, the Commission requires the institution to provide its analysis of the financial impact on the institution including projected revenues, expenditures, and cash flow of the branch campus. Three-year financial projections associated with the proposed substantive change must be included. Institutions are required to provide a narrative explaining their assumptions, projections of costs and revenues, and planned revenues and costs, budgeting and planning processes, and institutional changes associated with the proposed substantive change, with a net revenue statement also being required. Institutions also must provide a list of the academic programs that will be offered at the branch campus in Section A.10 including the program name and credential level, the percent of the program offered at the location, and the number of credit hours. To the extent that complete information on the financial impact and educational program is not provided in these earlier sections, Section A.18 requires a business plan which includes the educational programs to be offered and the projected revenues and expenditures and cash flow at the branch campus. Exhibit I - Branch Campus_Approval and Visit_2018-Request, Exhibit I - Branch Campus_Approval and Visit_2018_Review Docs, and Exhibit I - Branch Campus_Approval and Visit_Actions provide an example of a substantive change request for approval of a new branch campus.

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The agency has a policy that requires prior approval for the establishment, relocation, reclassification, or closing of a branch campus. The agency defines branch campuses as a domestic or international facility or location of an institution that is geographically apart from the main campus of the institution, at which the institution offers at least 50 percent of the requirements of an educational program, and which is independent of the main campus. The branch campus is considered independent of the main campus if it is permanent in nature; offers credit bearing or title IV eligible courses in educational programs leading to a degree, certificate, or other recognized educational credential; has its own faculty and administrative or supervisory organization; and has its own budgetary and hiring authority (Ex. PP Substantive Change Procedures). The agency’s definition comports to the Department’s definition of branch campus.

The agency requires a list of academic programs that will be offered at the branch campus including the program name and credential level, the percent of the program offered at the location, and the number of credit hours.

As part of the agency’s Substantive Change Request Form the agency requires institutions who wish to include a branch campus in its accreditation to provide a financial and risk analysis. This analysis includes an explanation of assumptions, projections of costs and revenues, and planned revenues and costs; narrative of budgeting and planning processes and how they will incorporate institutional changes associated with the proposed substantive change; and net revenue statement associated with proposed change (Ex. F Substantive Change Forms).

The agency provided documentation of the full cycle of review including a letter it sent to an institution acknowledging receipt of the institution’s new branch campus substantive change (Ex. I Branch Campus Approval and Visit), the agency’s substantive request form and supporting documentation Ex. I Branch Campus Approval and Visit 2018 Review Docs, and the agency’s decision letter (Ex. I Branch Campus Approval and Visit Actions).
Criteria: 602.24(b)
Description of Criteria

(b) Site visits.
The agency must undertake a site visit to a new branch campus or following a change of ownership or control as soon as practicable, but no later than six months, after the establishment of that campus or the change of ownership or control.

Narrative:
As required under Section VI.A. of the Substantive Change Procedures, the Commission conducts a substantive change site visit no later than six months after the commencement of instruction at a new additional location or branch campus, or after the change of control or ownership, in accordance with federal regulation 34 CFR §602.22(f)(1) and §602.24(b). The Substantive Change Procedures list all sites for which a visit is required including each domestic and international branch campus established by the institution (including relocations and reclassifications to a branch campus) (Exhibit PP — Substantive Change Policy; Exhibit PP — Substantive Change Procedures).

Under the Commission’s Substantive Change Policy and Procedures, a change in legal status, ownership, or control is considered a complex substantive change and must be reviewed and approved in accordance with the Commission’s Complex Substantive Change Procedures. The Commission provides procedures for conducting complex substantive change visits in Section V of the Complex Substantive Change Procedures which states, “[T]he Commission will conduct a complex substantive change site visit to one or all entities involved in the transaction, as soon as practicable, but no later than six months after the date of the transaction in accordance with these procedures and federal regulation 34 CFR §602.24(b).” Exhibit SC-B_Legal-CIO-Control provides an example of the Commission’s review and approval of a complex substantive change for a change of ownership or control. The Commission conducted a site visit on March 3, 2021, within six months of the change in legal status, form of control, and ownership, which was effective December 1, 2020. The visit report will be reviewed by the Committee on Follow-Up Activities at its spring meeting and the Commission will act at its June 2021 meeting. Additional documentation will be made available to the Staff Analyst once the Commission has taken its action. (Exhibit PP — Complex Substantive Change Procedures)
Both the revised Substantive Change Procedures and the new Complex Substantive Change Procedures, both effective July 1, 2020, also define the purpose of the visit consistent with the requirements in federal regulation 34 CFR §602.22(g). The Commission also will verify that the institution appears to have the capacity to sustain ongoing compliance with the Commission’s standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements. The date of the visit is determined based on the date that instruction commences at the location. (Exhibit PP — Substantive Change Policy; Exhibit PP — Substantive Change Procedures; Exhibit PP — Complex Substantive Change Procedures)

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency provided documentation of its Substantive Change Procedures which requires the Commission to conduct a substantive change site visit for certain types of substantive changes no later than six months after the commencement of instruction at the additional location, branch campus or the change of control or ownership, in accordance with Federal regulation. The Commission will require a substantive change site visit for the following: a relocation of a main campus or reclassification of any location to a main campus; each domestic and international branch campus established by the institution (including relocations and reclassifications to a branch campus); the first three domestic additional locations established by the institution in accordance with Federal regulation; first international additional location, regardless of the number of domestic sites that have been established; any new additional location if the institution has not demonstrated to the Commission that it has a proven record of effective oversight of additional locations in accordance with Federal regulation; and any new additional location if the institution is in a non-compliance status, is subject to an adverse action, or is otherwise subject to any limitation by the Commission on its accreditation or candidate for accreditation status), in accordance with Federal regulations. (Ex. PP Substantive Change Procedures)
The agency provided documentation of a substantive change request from an institution wanting to establish a branch campus, along with the agency's response/request for additional information, and decision letter (Ex. SC B Legal CIO Control).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.24(c)(1-2)
Description of Criteria

(c) Teach-out plans and agreements.
(1) The agency must require an institution it accredits to submit a teach-out plan as defined in 34 CFR 600.2 to the agency for approval upon the occurrence of any of the following events:
   (i) For a nonprofit or proprietary institution, the Secretary notifies the agency of a determination by the institution's independent auditor expressing doubt about the institution's ability to operate as a going concern or indicating an adverse opinion or a finding of material weakness related to financial stability.
   (ii) The agency acts to place the institution on probation or equivalent status.
   (iii) The Secretary notifies the agency that the institution is participating in title IV, HEA programs under a provisional program participation agreement and the Secretary has required a teach-out plan as a condition of participation.

(2) The agency must require an institution it accredits or preaccredits to submit a teach-out plan and, if practicable, teach-out agreements (as defined in 34 CFR 600.2) to the agency for approval upon the occurrence of any of the following events:
   (i) The Secretary notifies the agency that it has placed the institution on the reimbursement payment method under 34 CFR 668.162(c) or the heightened cash monitoring payment method requiring the Secretary's review of the institution's supporting documentation under 34 CFR 668.162(d)(2).
   (ii) The Secretary notifies the agency that the Secretary has initiated an emergency action against an institution, in accordance with section 487(c)(1)(G) of the HEA, or an action to limit, suspend, or terminate an
institution participating in any title IV, HEA program, in accordance with section 487(c)(1)(F) of the HEA.

(iii) The agency acts to withdraw, terminate, or suspend the accreditation or preaccreditation of the institution.

(iv) The institution notifies the agency that it intends to cease operations entirely or close a location that provides one hundred percent of at least one program, including if the location is being moved and is considered by the Secretary to be a closed school.

(v) A State licensing or authorizing agency notifies the agency that an institution's license or legal authorization to provide an educational program has been or will be revoked.

Narrative:
The Commission manages teach-out requirements through its Teach-Out Plans and Agreements Policy and Procedures, effective September 1, 2020, which expands and clarifies the circumstances under which the Commission requires the submission of a teach-out plan and/or teach-out agreements and establishes requirements to ensure the equitable treatment of students. (See Exhibit PP - Teach-Out Plans and Agreements Policy, Section II, and Exhibit PP - Teach-Out Plans and Agreements Procedures, Section IV.A.) The Commission also provides a form aligned with the policy and procedures to ensure that institutions provide sufficient information and a template for peer evaluators to ensure a thorough and consistent review of submissions (Exhibit F – Teach-Out Plans-Agreements Form; Exhibit F – Teach-Out Plans-Agreements Review Report). Exhibit I–Teach-Out Plan and Agreements_2018 provides an example of of the request, review and action on the teach-out plan and agreements for the institution designated by the USDE.

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency provided documentation of its Teach-Out Plan policy that requires institutions to submit Teach-Out Plans to ensure the equitable treatment of students. The Commission requires candidate and accredited institutions to submit a written, comprehensive, and implementable teach-out plan and if
practicable, teach-out agreements to the Commission for review and approval, prior to implementation, upon the occurrence of any of the following events: the institution is applying for or has Candidate for Accreditation status with the Commission; for a nonprofit or proprietary institution, the Secretary notifies the Commission of a determination by the institution's independent auditor expressing doubt about the institution's ability to operate as a going concern or indicating an adverse opinion or a finding of material weakness related to financial stability; the Commission takes a non-compliance action of probation or show cause; the Secretary notifies the Commission that the institution is participating in title IV, HEA programs under a provisional program participation agreement and the Secretary has required a Teach-Out plan as a condition of participation; the Secretary notifies the agency that it has placed the institution on the reimbursement payment method under 34 CFR 668.162(c) or the heightened cash monitoring payment method requiring the Secretary's review of the institution's supporting documentation under 34 CFR 668.162(d)(2); the Secretary of Education notifies the Commission that the Secretary has initiated an emergency action against the institution under 487(c)(1)(G) of the HEA or an action to limit, suspend, or terminate an institution participating in any title IV, HEA program in accordance with section 487(c)(1)(F) of the HEA.

The agency further attests that it has not received any Teach-Out Plan / Agreements since the regulation became effective and during this reporting year.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.24(c)(3)
Description of Criteria

(3) The agency must evaluate the teach-out plan to ensure it includes a list of currently enrolled students, academic programs offered by the institution, and the names of other institutions that offer similar programs and that could potentially enter into a teach-out agreement with the institution.

Narrative:
The Commission's procedures for the submission of a teach-out plan require the closing institution to provide a complete list of students currently enrolled in each program at the institution and the program requirements each student has completed (Exhibit PP - Teach-Out Procedures, see Section III.I., page 4). Institutions seeking approval of a teach-out plan and any agreements complete the Teach-Out Plans and Agreements Form which defines the information and attachments that must be submitted for Commission review and approval (Exhibit F - Teach-Out Plans-Agreements Form). Section A.1.h., page 3, requires institutions to describe how the teach-out plan ensures that students completing the teach-out
would meet curricular requirements for professional licensure or certification, if any, and requires the institution to provide a list of currently enrolled students, with measures taken to protect student privacy, and a list of educational programs offered by the institution and names of other institutions that offer similar programs and that could potentially enter into a teach-out agreement with the institution. Peer evaluators assigned to review the Teach-Out Plans and Agreements Form then confirm that the institution has provided this required information (Exhibit F - Teach-Out Plans-Agreements Review Report). Since the regulations became effective on July 1, 2020, the Commission has not acted on a teach-out plan and agreement.

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency provided documentation of its policy related to the elements required of Teach-Out Plans. As noted in the agency’s Teach-Out Plans and Agreements Form, the Commission requires institutions to provide a list of students currently enrolled in each program and the program requirements the student has completed; an inventory of all the academic programs included in the teach-out plan; and a list the name(s) of each institution, including city and state, with which the member institution is entering into a teach-out agreement to support student completion or transfer, including information regarding the teach-out institution’s accreditation status with other accreditors. (Ex. F Teach-Out Plans-Agreements Form) The agency provided documentation of its Teach-Out Plans and Agreements Review Report template which list all the required elements in accordance with this criterion. The agency further attests that it has not received any Teach-Out Plan/Agreements since the regulation became effective and during this reporting year (Ex. F Teach-Out Review Report).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:
Criteria: 602.24(c)(4)

Description of Criteria

(4) If the agency approves a teach-out plan that includes a program or institution that is accredited by another recognized accrediting agency, it must notify that accrediting agency of its approval.

Narrative:
The Commission provides notification of all accreditation actions in accordance with its Communication in the Accreditation Process Policy and Procedures (Exhibit PP – Communication Policy; Exhibit PP – Communication Procedures). In the event a teach-out plan includes a program that is accredited by another recognized accrediting agency, the Commission will notify that agency of the approval of the teach-out plan in accordance with the Teach-Out Plans and Agreements Procedures, Section V.O., page 8 (Exhibit PP – Teach-Out Plans and Agreements Procedures).

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency's Communication Policy requires the Commission to provide notification to another recognized accrediting agency who is included in the member institutions' Teach-Out plan. Specifically, the procedures state that if the teach-out plan includes a program that is accredited by another recognized accrediting agency, the Commission will notify that agency of the approval of the teach-out plan in accordance with this criterion (Ex. PP Communication Policy, Ex. PP Communication Procedures, Ex. PP Teach-Out Plans and Agreements Procedures). As noted above, the agency attests that it has not received any Teach-Out Plan/Agreements since the regulation became effective and during this reporting year.
(5) The agency may require an institution it accredits or preaccredits to enter into a teach-out agreement as part of its teach-out plan.
(6) The agency must require a closing institution to include in its teach-out agreement—
   (i) A complete list of students currently enrolled in each program at the institution and the program requirements each student has completed;
   (ii) A plan to provide all potentially eligible students with information about how to obtain a closed school discharge and, if applicable, information on State refund policies;
   (iii) A record retention plan to be provided to all enrolled students that delineates the final disposition of teach-out records (e.g., student transcripts, billing, financial aid records);
   (iv) Information on the number and types of credits the teach-out institution is willing to accept prior to the student's enrollment; and
   (v) A clear statement to students of the tuition and fees of the educational program and the number and types of credits that will be accepted by the teach-out institution.

Narrative:
As stated in response to 602.24(c)(1) and (2), all circumstances under which the Commission requires a candidate or accredited institution to submit a teach-out plan and/or teach-out agreements is defined in Section II of the Commission’s Teach-Out Plans and Agreements Policy, and Section IV.A. of the Teach-Out Plans and Agreements Procedures (Exhibit PP – Teach-Out Policy; Exhibit PP – Teach-Out Procedures). The Teach-Out Plans and Agreements Procedures, Section IV.B. states that the Commission staff may require the institution to enter into teach-out agreements in accordance with federal regulation 34 CFR §602.24(c)(5) and will notify the institution of this requirement in its accreditation action. The Commission’s procedures for the submission of a teach-out plan require the institution to provide a complete list of students currently enrolled in each program at the institution and the program requirements each student has completed (Exhibit PP - Teach-Out Procedures, see Section III.I., page 4). Institutions seeking approval of a teach-out plan and any agreements complete the Teach-Out Plans and Agreements Form which defines the information and attachments that must be submitted for Commission review and approval. Section A.1.h., page 3, requires institutions to describe how the teach-
out plan ensures that students completing the teach-out would meet curricular requirements for professional licensure or certification, if any, and requires the institution to provide a list of currently enrolled students, with measures taken to protect student privacy, and a list of educational programs offered by the institution and names of other institutions that offer similar programs and that could potentially enter into a teach-out agreement with the institution.

The Commission provides a Teach-Out Plans and Agreements Form that defines all required information to be submitted in a teach-out plan and agreements for Commission approval when an institution is closing. Section A.7.b. requires institutions to include its plan to provide all potentially eligible students with information about how to obtain a closed school discharge and, if applicable, information on State refund policies. The Commission requires evidence that the institution has provided all potentially eligible students with this information. (Exhibit F – Teach-Out Form).

Under Section A.7.c. of the Form, institutions must describe the record retention plan to be provided to all enrolled students. The record retention plan must delineate the final disposition of teach-out records (e.g., student transcripts, billing, financial aid records). The institution also must provide evidence that it has provided the record retention plan to all enrolled students.

As provided in the Teach-Out Plans and Agreements Form, Section B.2.b. and Section B.7. (pp 7-8), institutions that enter into a teach-out agreement must also provide the list of institutions with which an agreement has been entered into including information about the academic program and the number and types of credits the teach-out institution is willing to accept prior to the student’s enrollment. When signed agreements are not yet available, the Commission requires the institution to submit an updated teach-out plan including signed teach-out agreements.

Under Section B.8, the Form also requires the institution to describe how it will notify students and provide a clear statement to students of critical information including but not limited to tuition and fees for the educational program and any additional financial charges.

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section
As noted above, the Commission requires candidate and accredited institutions to submit a written, comprehensive, and implementable teach-out plan and if practicable, teach-out agreements to the Commission for review and approval, prior to implementation, upon the occurrence of any of the following events: the institution is applying for or has Candidate for Accreditation status with the Commission; for a nonprofit or proprietary institution, the Secretary notifies the Commission of a determination by the institution's independent auditor expressing doubt about the institution's ability to operate as a going concern or indicating an adverse opinion or a finding of material weakness related to financial stability; the Commission takes a non-compliance action of probation or show cause; the Secretary notifies the Commission that the institution is participating in title IV, HEA programs under a provisional program participation agreement and the Secretary has required a Teach-Out plan as a condition of participation; the Secretary notifies the agency that it has placed the institution on the reimbursement payment method under 34 CFR 668.162(c) or the heightened cash monitoring payment method requiring the Secretary's review of the institution's supporting documentation under 34 CFR 668.162(d)(2); the Secretary of Education notifies the Commission that the Secretary has initiated an emergency action against the institution under 487(c)(1)(G) of the HEA or an action to limit, suspend, or terminate an institution participating in any title IV, HEA program in accordance with section 487(c)(1)(F) of the HEA.

In accordance with the agency’s Teach-Out Plans and Agreement Policy, the Commission shall require candidate and accredited institutions to submit a written, comprehensive, and implementable teach-out plan and if practicable, teach-out agreements to the Commission for review and approval, prior to implementation, upon the occurrence (amongst others) the institution notifies the Commission that it intends to cease operations entirely or the institution intends to close any location (with students enrolled) that provides one hundred percent of at least one educational program (Ex. PP Teach-Out Plans and Agreements Policy). In the Teach-Out Plans and Agreements Form, an institution that is closing must provide a complete list of students currently enrolled in each program at the institution and the program requirements each student has completed; a plan to provide all potentially eligible students with information about how to obtain a closed school discharge and, if applicable, information on State refund policies; record retention plan to be provided to all enrolled students that delineates the final disposition of teach-out records (e.g., student transcripts, billing, financial aid records); and accurate information on the number and types of credits that will transfer, locations where instruction will be offered, any additional financial charges, or changes in tuition and fees (Ex. PP Teach-Out Plans and Agreements Policy).

The agency further attests that it has not received any Teach-Out Plan /Agreements since the regulation became effective and during this reporting year.

List of Document(s) Uploaded by Analyst - Narrative

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(7) The agency must require an institution it accredits or preacredits that enters into a teach-out agreement, either on its own or at the request of the agency, to submit that teachout agreement for approval. The agency may approve the teachout agreement only if the agreement meets the requirements of 34 CFR 600.2 and this section, is consistent with applicable standards and regulations, and provides for the equitable treatment of students being served by ensuring that the teachout institution—

(i) Has the necessary experience, resources, and support services to provide an educational program that is of acceptable quality and reasonably similar in content, delivery modality, and scheduling to that provided by the institution that is ceasing operations either entirely or at one of its locations; however, while an option via an alternate method of delivery may be made available to students, such an option is not sufficient unless an option via the same method of delivery as the original educational program is also provided;

(ii) Has the capacity to carry out its mission and meet all obligations to existing students; and

(iii) Demonstrates that it—

(A) Can provide students access to the program and services without requiring them to move or travel for substantial distances or durations; and

(B) Will provide students with information about additional charges, if any.

(8) Irrespective of any teach-out plan or signed teach-out agreement, the agency must not permit an institution to serve as a teach-out institution under the following conditions:

(i) The institution is subject to the conditions in paragraph (c)(1) or (2) of this section.

(ii) The institution is under investigation, subject to an action, or being prosecuted for an issue related to academic quality, misrepresentation, fraud, or other severe matters by a law enforcement agency.

(9) The agency is permitted to waive requirements regarding the percentage of credits that must be earned by a student at the institution awarding the educational credential if the student is completing his or her program through a written teach-out agreement or transfer.
The agency must require the institution to provide copies of all notifications from the institution related to the institution's closure or to teach-out options to ensure the information accurately represents students' ability to transfer credits and may require corrections.

Narrative:
All conditions under which teach-out agreements are required as well as the information and documentation that are required for the Commission to review and evaluate the teach-out agreements are defined in Exhibit PP - Teach-Out Plans and Agreements Procedures, Section IV, and in the Exhibit F - Teach-Out Form, Section B.

In the Procedures, the Commission defines teach-out agreement as 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, or an institutional location that provides one hundred percent of at least one program offered, ceases to operate before all enrolled students have completed their program of study.” In Section IV, the Commission clarifies that the purpose of the teach-out agreement is to make accommodations for and assist students as much as possible and provide clear and transparent information regarding those arrangements.

The Teach-Out Plans and Agreements Form provides clear guidance for the narrative information and evidence that is necessary for the Commission’s consideration and action. Teach-out institutions must demonstrate that they have the necessary experience, resources and support services to ensure, to the extent possible without additional charge to students, an educational program that is of acceptable quality and is reasonably similar in content, delivery modality, structure, and scheduling to the program(s) slated for closure (see Section B.6). The Commission requires that while an option via an alternate method of delivery may be made available, that option is not sufficient unless an option via the same method of delivery as the original program also is provided. Institutions must describe how the teach-out institution(s) have the resources to remain stable, carry out its mission, and meet all of its obligations to students (see Section B.9). Institutions must also describe how the teach-out institution(s) can provide students access to program(s) and services without requiring them to move or travel for substantial distances or durations (see Section B.4).

The Commission establishes limitations on the institutions with which a closing institution may enter into a teach-out agreement. These are listed in Exhibit PP - Teach-Out Procedures Section IV.K. and align with the requirements in 602.24(c)(1), (c)(2) and (c)(8).

As required in Teach-Out Plans and Agreements Procedures Section II. Procedures for Early Notification, Paragraph C., institutions must notify all relevant stakeholders, including currently enrolled and prospective students, faculty and staff, other stakeholders, and the public, as soon as possible that a teach-out plan will be implemented. Continued notification is required as pertinent information related to the teach-out plan becomes available. The Commission requires evidence that all notifications have been made to be submitted in the Teach-Out Plans and Agreements Form, and it may require corrections to misleading or inaccurate information. The Commission also will display a statement about the teach-out for those institutions for which accreditation will cease for any reason (closing, voluntarily surrendering accreditation or candidate for accreditation status, or accreditation or candidate for accreditation status will be withdrawn) (See Exhibit PP - Teach-Out Plans and Agreements Procedures, Section V.P, p 8; Exhibit I: MSCHE Teach-Out Statement).
The Commission expects teach-out agreements to hold the institution providing the teach-out services equally responsible for clearly articulating the details of the arrangement to students, including but not limited to notifying students of the arrangements and providing accurate information on the number and types of credits that will transfer, locations where instruction will be offered, any additional financial charges, or changes in tuition and fees (Section IV).

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests that the Commission requires institutions to submit information for approval via a Teach-Out Plan and Agreements Form. The form provides an opportunity for the Commission to review and evaluate the teach-out agreement and how the teach-out institution(s) has/have the necessary experience, resources and support services to ensure, insofar as possible without additional charge to students, an educational program that is of acceptable quality and is reasonably similar in content, delivery modality, structure, and scheduling to the program(s) slated for closure; describes how the teach-out institution(s) has/have the resources to remain stable, carry out its mission, and meet all of its obligations to students; describe how the teach-out institution(s) can provide students access to program(s) and services without requiring them to move or travel for substantial distances or durations; and provide evidence that is has specifically notified students of any additional charges (Ex. F Teach-Out Plans Agreements Form).

The institution must verify that each teach-out institution is not subject to subject to an action, under investigation, or being prosecuted for an issue related to academic quality, misrepresentation, fraud, or other severe matters by a law enforcement agency. Additionally, the plan must describe the institution’s plan for notifying all relevant stakeholders (current and prospective students, faculty, staff, public) about the teach-out plan and how it will continually notify stakeholders of pertinent information as it becomes available (Ex. F Teach-Out Plans Agreements Form).

The agency further attests that it has not received any Teach-Out Plan /Agreements since the regulation
became effective and during this reporting year.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:

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Criteria: 602.24(d)

Description of Criteria

\((d)\) Closed institution. If an institution the agency accredits or preaccredits closes without a teach-out plan or agreement, the agency must work with the Department and the appropriate State agency, to the extent feasible, to assist students in finding reasonable opportunities to complete their education without additional charges.

Narrative:
The Commission defines all requirements related to teach-out plans and agreements in its Teach-Out Plans and Agreements Policy and Procedures. As stated in Section V.T., “[I]f a candidate or accredited institution closes without an approved teach-out plan or agreement, the Commission will work with the USDE and the appropriate State agencies, to the extent feasible, to assist students in finding reasonable opportunities to complete their education without additional charge in accordance with federal regulation 34 CFR § 602.24(d).” Exhibit PP – Teach Out Procedures As demonstrated in Exhibit I – Closed School Action Letter and Exhibit I – Closed School SAS, the Commission staff worked closely with the USDE and the state prior to and following the institution’s closure to ensure that students were provided the necessary resources to complete their programs as the institution closed without a Commission-approved teach-out plan, despite repeated requests for a comprehensive, implementable teach-out plan. The Commission publishes information for the public in the institution’s Statement of Accreditation Status. Exhibit I – Closed School SAS shows the online statement for an institution that closed without an approved teach-out plan or agreements.

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The agency provides its policy related to its procedures for the submission of a Teach-Out plan. The Commission requires institutions to submit for approval a tech-out plan or teach-out agreement for review before the plan or agreement is implemented. The agency’s Teach-Out Plans and Agreements Procedure requires candidates or accredited institutions that close without an approved teach-out plan or agreement, for the Commission to work with the USDE and the appropriate State agencies, to the extent feasible, to assist students in finding reasonable opportunities to complete their education without additional charge in accordance with federal regulation; the Commission will display on its website that the former candidate or accredited institution closed without an approved teach-out plan; the Commission may restrict an institution’s future application for candidate for accreditation status if the applicant institution previously closed or ceased operations without an approved teach-out plan, or if the proposed new owner(s) or manager(s) were directly or indirectly involved with an institution that previously closed or ceased operations without an approved teach-out plan (Ex. PP Teach-Out Plans and Agreements Procedures).

The agency provides documentation of the public notification it placed on its website of an institution that closed without teach-out agreement (Ex. I Closed School SAS). This document represents the agency’s policy of providing notification to the public of an institution’s closure without prior approval in accordance with this regulation.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.24(e)
Description of Criteria

(e) Transfer of credit policies. The accrediting agency must confirm, as part of its review for initial accreditation or preaccreditation, or renewal of accreditation, that the institution has transfer of credit policies that—

1. Are publicly disclosed in accordance with § 668.43(a)(11); and
2. Include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education.

(Note: This criterion requires an accrediting agency to confirm that an institution’s teach-out policies are in conformance with §668.43(a)(11), which reads:

A description of the transfer of credit policies established by the institution, which must include a statement of the institution’s current transfer of credit policies that includes, at a minimum —

1. Any established criteria the institution uses regarding the transfer of credit earned at another institution and any types of institutions or sources from which the institution will not accept credits;
2. A list of institutions with which the institution has established an articulation agreement; and
3. Written criteria used to evaluate and award credit for prior learning experience including, but not limited to, service in the armed forces, paid or unpaid employment, or other demonstrated competency or learning”)

Narrative:

Institutions are required to provide evidence relating to transfer of credit policies to demonstrate compliance with the Commission’s requirements of affiliation, standards for accreditation, policies and procedures, and applicable federal regulatory requirements. This is best seen through requirements of affiliation numbers 5 and 6, Standard II, Standard IV and the Transfer Credit, Prior Learning, and Articulation Policy, and verified through the Commission’s procedure Verification of Compliance with Accreditation-Relevant Federal Regulations. In its Standards for Accreditation and Requirements of Affiliation, Requirement of Affiliation #5 requires that institutions comply with all applicable government (usually Federal and state) laws and regulations and Requirement of Affiliation #6 requires compliance with applicable Commission, interregional, and inter-institutional policies. Standard II: Ethics and Integrity Criterion 8 reinforces these expectations by requiring compliance with all applicable federal, state, and Commission policies, regulations, and requirements to include reporting regarding the institution’s compliance with the Commission’s Requirements of Affiliation and the Commission’s policies. Standard IV: Support of the Student Experience, Criterion 1(c), more specifically requires that institutions have “policies and procedures regarding evaluation and acceptance of transfer credit.” Institutions address these and all standards for accreditation and requirements of affiliation in the application for Candidate for Accreditation Status, and in the self-study for the grant of accreditation or reaffirmation of accreditation. (Exhibit PP – Standards; Exhibit PP – Transfer Credit Policy; Exhibit PP – Verification of Compliance_2020).

The Commission verifies institutional transfer policies through the Verification of Compliance with Accreditation-Relevant Federal Regulations. Transfer of credit is addressed under Area 2, Transfer of
Credit Policies and Articulation Requirements. As stated on page 3 of the handbook, “the Commission must confirm that an institution has transfer of credit policies that: (1) are publicly disclosed in accordance with 34 CFR §668.43(a)(11); and (2) include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education.” Institutions must provide evidence to demonstrate compliance including the policies and procedures for making decisions about the transfer of credits earned at other institutions (regardless of modality) including any types of institutions or sources from which credits are not accepted; public disclosure of policy by URL, catalog, or other public location; public disclosure of the list of institutions with which the institution has established an articulation agreement demonstrated by URL and other public locations, if any; policies and procedures for making decisions about credit for prior learning experience including service in the armed forces, paid or unpaid employment, or other demonstrated competency or learning; and public disclosure of policy by URL, catalog, or other public location. Institutions submit the Institutional Federal Compliance Report as part of the evidence provided in the Accreditation Readiness Report and in the Self-Study. The on-site evaluation team reviews the institution’s report and evidence and addresses its findings in Section E of the Team Report. The Institutional Federal Compliance Report included in Exhibit I2c-TJU_IFCR (see Area 2, pp 5-6) and Exhibit I2d-TJU_Team Visit Report, Section E, p 29 demonstrate the Commission’s review of transfer of credit policies.

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests and provides documentation of its Transfer Credit Policies and Articulation Agreement which requires the Commission to confirm that the institution has transfer of credit policies that are publicly disclosed in accordance with 34 CFR §668.43(a)(11). The institution’s policy must also include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education. Specifically, the policy requires that the institution make readily available to enrolled and prospective students a description of the transfer of credit policies established by the institution, which includes a statement of the institution’s current transfer of credit...
policies including any established criteria the institution uses regarding the transfer of credit earned at another institution and any types of institutions or sources from which the institution will not accept credits; a list of institutions with which the institution has established an articulation agreement; and written criteria used to evaluate and award credit for prior learning experience including, but not limited to, service in the armed forces, paid or unpaid employment, or other demonstrated competency or learning. This policy is directly aligned with the Federal regulations. (Ex. PP Verification of Compliance 2020) The agency also provided a submitted Institutional Federal Compliance Report (Ex. 12c TJU IFCR) and Team Visit Report (Ex. 12d TJU Team Visit Report) to demonstrate its compliance with this criterion as the report reflects stated agency policies and procedures.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.24(f)

Description of Criteria

(f)

(1) Adopt and apply the definitions of “branch campus” and “additional location” in 34 CFR 600.2;

(2) On the Secretary's request, conform its designations of an institution's branch campuses and additional locations with the Secretary's if it learns its designations diverge; and

(3) Ensure that it does not accredit or preaccredit an institution comprising fewer than all of the programs, branch campuses, and locations of an institution as certified for title IV participation by the Secretary, except with notice to and permission from the Secretary.

Narrative:
The Commission utilizes federal definitions for Branch Campus and Additional Location as demonstrated in the Substantive Change Policy, Section IV Definitions, and Substantive Change Procedures, Section VIII. Substantive Change Guidelines, Section II, paragraph 10 and paragraph 11 also respectively provide the definitions of additional location and branch campus. (Exhibit PP - Substantive Change Policy; Exhibit PP - Substantive Change Procedures; Exhibit PP – Substantive Change Guidelines)

The Commission has not had occasion to exclude any branch campuses, additional locations or instructional sites, or programs from an institution's scope of accreditation. Following each decision-making meeting, the Commission notifies the Department of actions through the uploading of accreditation actions, including those regarding substantive change, to the Database of Accredited
Postsecondary Institutions and Programs (DAPIP) database. The Commission also updates the institution’s public Statement of Accreditation Status which is published on the Commission’s website and provides a recent history of accreditation actions and lists all locations that are included within the scope of accreditation. These resources are available to and utilized by the USDE to determine whether or not branch campuses, locations, and programs as appropriate are included within an institution’s scope of accreditation. The Commission accredits institutions as a whole and does not exclude specific sites or programs from an institution’s scope of accreditation.

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide its policy related to whether the agency will conform its designations of an institution's branch campuses and additional locations with the Secretary's if it learns its designations diverge; and ensure that it does not accredit or preaccredit an institution comprising fewer than all of the programs, branch campuses, and locations of an institution as certified for title IV participation by the Secretary.

Analyst Remarks to Narrative:

The agency's definitions of “branch campus” and “additional location” is consistent with 34 CFR § 600.2. Specifically, the agency defines “branch campus” as a domestic or international facility or location of an institution that is geographically apart from the main campus of the institution, at which the institution
offers at least 50 percent of the requirements of an educational program, and which is independent of the main campus. The branch campus is considered to be independent of the main campus if it is permanent in nature; offers credit bearing or title IV eligible courses in educational programs leading to a degree, certificate, or other recognized educational credential; has its own faculty and administrative or supervisory organization; and has its own budgetary and hiring authority. Additional location is defined as a domestic or international facility or location that is geographically apart from the main campus and at which the institution offers at least 50 percent of the requirements of an educational program. (Ex. PP Substantive Change Policy)

The agency did not provide a policy related to CFR § 602.24(f)(2) and 602.24(f)(3) whereby on the Secretary’s request, the agency will conform its designations of an institution’s branch campuses and additional locations with the Secretary’s if it learns its designations diverge; and ensure that it does not accredit or preaccredit an institution comprising fewer than all of the programs, branch campuses, and locations of an institution as certified for title IV participation by the Secretary (except with notice to and permission from the Secretary.) Although the agency attests that it has not had the occasion to exclude any branch campuses, additional locations or instructional sites, or programs from an institution’s scope of accreditation, the agency must provide its policy in accordance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The agency policy and procedures previously aligned with the federal definitions of branch campus and additional location from 600.2 and the agency included the reference to the exact federal definitions in its Substantive Change Policy and Procedures (Ex. PP). The Commission revised its Substantive Change Procedures, effective August 1, 2022, (01-602.24f-Substantive-Change-Procedures-Aug-1-2022, Pages 14-15 and 02-602.24f-Complex-Sub-Change-Procedures, Section VIII., Page 13) to add the following statement to the definitions for branch campus and additional location: “The Commission utilizes the federal definition of branch campus [and additional location] in 34 CFR § 600.2 and will conform its designation to match the Secretary of Education’s if it learns its designations diverge in accordance with federal regulation 34 CFR § 602.24(f)(1-3).”

The agency has also revised its Substantive Change Procedures and Complex Substantive Change Procedures, both effective August 1, 2022, to include specific reference to the regulatory provision that the Commission will conform its designations when it learns they diverge (01-602.24f_Substantive-Change-Procedures-Aug-1-2022, Section VII.G., Page 13; 02-602.24f_Complex-Sub-Change-Procedures-Aug-1-2022, Section VII.G., Page 13). The agency will also verify that an institution’s scope of accreditation includes at least all of the programs, branch campuses, and locations of an institution as certified for title IV participation by the Secretary. To do so, the agency will request information from the institution through its substantive change request forms, such as the Eligibility and Certification Approval Report (ECAR), to verify that the programs and/or locations that are certified for title IV participation are reflected within the institution’s scope of accreditation with the agency (03-602.24f_Sub-Change-Request-Form-Reclassification, Page 7). If the agency learns that any offerings,
locations, or modes of delivery are not currently included within the scope of accreditation but are certified for title IV participation, the agency will require the institution to submit a substantive change request (01-602.24f_Substantive-Change-Procedures-Aug-1-2022, Section VII.H., Page 13 and 02-602.24f_Complex-Substantive-Change-Procedures, Section VII.H., Page 13).

The agency has not been notified by the Secretary of Education or learned from information collected during ongoing monitoring activities that any institutional designation of a branch campus or additional location was different from that of the Department of Education and needed to be changed.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

As noted in the previous submission, the agency’s definition of branch campus and additional location is directly aligned to that in 34 CFR § 600.2. Since the previous submission, the agency has revised its Substantive Change Policy and Procedures policy (August 2022) to include “the Commission utilizes the federal definition of branch campus [and additional location] in 34 CFR § 600.2 and will conform its designation to match the Secretary of Education’s if it learns its designations diverge in accordance with federal regulation” (Ex. 01.602.24f). The agency will also verify that an institution’s scope of accreditation includes at least all of the programs, branch campuses, and locations of an institution as certified for title IV participation by the Secretary. Both revisions are directly aligned with this criterion and satisfy previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.25(a-e)
Description of Criteria

The agency must demonstrate that the procedures it uses throughout the accrediting process satisfy due process. The agency meets this requirement if the agency does the following:

(a) Provides adequate written specification of its requirements, including clear standards, for an institution or program to be accredited or preaccredited.
(b) Uses procedures that afford an institution or program a reasonable period of time to comply with the agency's requests for information and documents.
(c) Provides written specification of any deficiencies identified at the institution or program examined.
(d) Provides sufficient opportunity for a written response by an institution or program regarding any deficiencies identified by the agency, to be considered by the agency within a time frame determined by the agency, and before any adverse action is taken.
(e) Notifies the institution or program in writing of any adverse accrediting action or an action to place the institution or program on probation or show cause. The notice describes the basis for the action.

Narrative:
In addition to clear requirements and expectations in the Commission's Standards for Accreditation and Requirements of Affiliation (described in sections 602.16 and 602.17), the Commission's redesigned policy and procedures framework provides clear expectations for institutional self-reflection, peer review, and decision-making. All policies and procedures are published and available to view or download on the Commission's dedicated policy webpage. The Commission also has developed updated and more easily accessible training materials, including an online self-study guide as well as video modules to ensure the standards are well understood and applied consistently. In addition to on-demand online resources, the Commission conducts a live, interactive Self-Study Institute that provides further clarity for expectations in the standards, requirements of affiliation, and review process. As described in response to 602.18(b)(2), during the pandemic, the Commission provided the Self-Study Institute in a virtual format which allowed for greater participation from institutional representatives.

Commission staff (Vice President) liaisons are assigned to institutions as a resource and any questions about the Commission's expectations can be directed to the liaison. The Commission also has dedicated staff for each accreditation function who can provide assistance with specific accreditation activities, policies, and procedures.

Commission policies and procedures require that any non-compliance or need for improvement is clearly identified and that institutions are provided a sufficient opportunity to submit a written response. The Commission's policies and procedures also require it to notify an institution of any adverse action including the reasons. As described in response to 602.17(f), peer review report templates provided by the Commission for self-study visits and follow-up reports and visits guide peer evaluators to clearly identify any areas of non-compliance as a result of a self-study or follow-up visit. If peer evaluators find areas requiring improvement or non-compliance, they must select from a list of standardized recommendations and requirements that specify the institutional actions needed to maintain or achieve compliance (Exhibit PP - Team Report Template_SS_2021; Exhibit F - Follow-Up Review Report see P 2, and Summary of Findings following each standard; Exhibit F – AATV Team Report, see pp 2-10; Exhibit F – ARR Analysis, see Verification of Sufficient Evidence following each standard; Exhibit PP - Standardized Recommendations_2019). As indicated in the instructions, the team report should provide a justification and appropriate specificity to allow the institution to respond to any Commission requested follow-up. The Commission's actions, including adverse actions, also clearly state the identified areas of non-compliance.

Exhibit I – Non-Compliance Notification_2018_11_19 provides an example of the notice required by paragraphs (c) and (e).
Institutions are given the opportunity to submit a formal Institutional Response to the Team Report, the Follow-Up Review Team Report, and the Mid-Point Peer Review (MPPR) Evaluator Report which may concur with the team’s findings or honestly and openly present any significant differences with the team’s perceptions, interpretations, or major findings. The institution may include additional evidence to support its response (Exhibit PP – Accreditation Review Cycle Procedures, Section II.Z., p 5, and Section III.J. and N, pp 7-8; Exhibit PP - Follow-Up Reports and Visits Procedures, See Section IV.S, p 6; Exhibit W - MPPR FAQ). If the MPPR results in serious concerns about compliance, the institution is required to submit a Focused Report and host a Focused Visit which then follows the Follow-Up Review Report Template and procedures described above. Exhibit I – Non-Compliance Report and Response provides an example of a non-compliance action, the institution’s required monitoring report, the evaluation team’s report, and the institutional response.

The Commission’s accreditation processes include timelines for reporting that are established by policy and procedure or by the Commission in its accreditation actions which guide the work of teams and the institution. The timeline for providing the formal institutional response to the team is provided in the Self-Study Guide (See Exhibit T - Self-Study Guide, Module 7, Section 8).

As described in response to 602.18(b)(2), the Commission’s Advance Notice of Non-Compliance Recommendations procedures provide the steps to notify an institution in the event that the review committee reaches a determination of non-compliance when the initial peer review team reached a different conclusion of compliance. The committee defines its reasons for the non-compliance finding, and the institution is informed in writing and invited to submit a response which addresses the review committee’s finding and provides additional information and analysis. The institution’s response and any additional evidence must be submitted no later than five business days prior to the Commission meeting so that the additional materials may be posted for Commission review. At the Commission meeting, the chair and Commission reader will note for the record the difference between the team and committee findings and present an oral report on the institution’s response (Exhibit PP - Advance Notice of Non-Compliance Recommendations).

Due dates for monitoring activities are established by the Commission and noted in the Commission action for all monitoring reports and visits, focused reports and visits, and Supplemental Information Reports. In establishing due dates, the Commission considers multiple factors including the date on which the Commission must take its next action in light of any non-compliance timelines, the level of concern, the ability of the institution to produce required evidence within the timeframe, whether a team visit is required, and the necessity to ensure the integrity of the process, including the opportunity for the institution to respond to the team report and findings.

In the event of a non-compliance action, the Commission’s action requires a Commission liaison guidance visit to provide information and guidance to the institutional community in understanding and addressing the Commission’s expectations for reporting and monitoring activities. The visit focuses on the Commission’s standards for accreditation, requirements of affiliation, policies and procedures, and federal compliance requirements. The visit is conducted by the Commission staff (Vice President) liaison to the institution who may be accompanied by other staff and/or Commission representatives (Exhibit PP - Accreditation Activities Guidelines, see page 3).

The Commission provides official notification of all accreditation actions through the Institution Portal. For an adverse action or any non-compliance action (warning, probation, or show cause), the Commission also notifies the institution by mail (Exhibit PP – Communication Procedures, Section V.B., p
4) All non-compliance actions and adverse accreditation actions identify the standards for accreditation, requirements of affiliation, policy or procedures, or applicable federal regulatory requirements that have not been met.

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests and provides documentation of its due process policy and procedures in accordance with this criterion. Specifically, the agency’s Standards (Ex. PP Standards) and the Self-Study (Ex. T Self-Study Guide) both clearly outline the requirements for accreditation and preaccreditation along with the Accreditation Review Procedures (Ex. PP Accreditation Review Cycle Procedures) which provide support and guidance for institution in adhering to agency policy.

The agency has a policy to provide institutions with several follow-up reports to apprise the institution of its adherence to agency policy (including strengths and weaknesses) and Federal regulations that are the result of the institution’s self-study report and subsequent on-site visit. (PP Follow-Up Reports and
Visits Procedures) The agency’s supplemental information reports, monitoring reports, focused reports and show cause reports are several types of written follow-up reports associated with the institution's standing, nature, and severity of agency compliance. The institution will also have an opportunity to respond the agency’s demand for compliance or additional information via a formal Institutional Response to the Team Report and a Focused Report.

If the Commission finds an institution non-compliant, agency policy requires a Commission Liaison Guidance Visit. A commission liaison guidance visit will occur with all non-compliance actions. The purpose of a Commission Liaison Guidance Visit is to provide information and guidance to the institutional community in understanding and addressing the Commission’s expectations for reporting and monitoring activities. Commission liaison guidance visits focus on the Commission’s standards for accreditation, requirements of affiliation, policies and procedures, and federal compliance requirements (Ex. PP Accreditation Activities Guidelines).

The agency provided documentation of a Non-Compliance Notification submitted to a member institution. This written notification apprised the institution of the non-compliance (show cause) action taken by the agency, the timeline to submit information, and required follow-up visits- all of which are an example of the agency’s practice of this criterion (Ex. I Non-Compliance Notification 2018, Ex. I Non-Compliance Report and Response).

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.25(f)
Description of Criteria

(f) Provides an opportunity, upon written request of an institution or program, for the institution or program to appeal any adverse action prior to the action becoming final.

(1) The appeal must take place at a hearing before an appeals panel that—
   (i) May not include current members of the agency's decision-making body that took the initial adverse action;
   (ii) Is subject to a conflict of interest policy;
   (iii) Does not serve only an advisory or procedural role, and has and uses the authority to make the following decisions: To affirm, amend, or remand adverse actions of the original decision-making body; and
(iv) Affirms, amends, or remands the adverse action. A decision to affirm or amend the adverse action is implemented by the appeals panel or by the original decision-making body, at the agency’s option; however, in the event of a decision by the appeals panel to remand the adverse action to the original decision-making body for further consideration, the appeals panel must explain the basis for a decision that differs from that of the original decision-making body and the original decision-making body in a remand must act in a manner consistent with the appeals panel’s decisions or instructions.

(2) The agency must recognize the right of the institution or program to employ counsel to represent the institution or program during its appeal, including to make any presentation that the agency permits the institution or program to make on its own during the appeal.

Narrative:
The Commission’s action notification makes clear that all adverse actions are appealable in accordance with the Commission’s published policy and procedure (See Exhibit PP – Accreditation Actions Policy; Exhibit PP – Accreditation Actions Procedures; Exhibit PP – Appeals from Adverse Accrediting Actions Procedures). Adverse actions are defined in the Appeals from Adverse Accrediting Actions Procedures (Exhibit PP - Appeals from Adverse Accrediting Actions Procedures, Section I.B., p 1) and in Accreditation Actions Procedures (Exhibit PP – Accreditation Action Procedures, Section V, pp 7-8) as an action to deny candidacy, deny accreditation, withdraw candidacy, or withdraw accreditation. The circumstances under which the Commission may take each adverse action are stated in Accreditation Actions Procedures, pages 7-8.

The Appeals from Adverse Accrediting Actions Procedures specifies the grounds on which an appeal may be made, states all requirements and procedures for submitting an appeal including costs, and establishes the requirements for the appeal hearing panel. The Appeals Procedures also state the conditions for the dismissal of defective appeals. The Commission has not had an action appealed since the Secretary’s 2018 recognition action.

In its Action Notification informing an institution that the Commission has taken an adverse action to deny candidacy or accreditation or withdraw candidacy or accreditation, the Commission informs the institution of its right to appeal. The letter includes a link to the Commission’s Accreditation Actions Policy and Procedures and to the Appeals Procedures (Exhibit F - Adverse Action Notification Template). The Commission has not taken an adverse action since the Secretary’s 2018 recognition action.

As stated in the Appeals Procedures, Section II. General Provisions, any institution subject to an adverse accrediting action is entitled to an appellate review by an independent Hearing Panel. Paragraph B grants the Appellant the right to be represented by legal counsel or other professional representative in the appeal at its own expense, and paragraph C.2. allows the institution to waive its right to appear before the Hearing Panel and elect a review on the basis of written submissions instead.

The Hearing Panel is defined in Section I.M. and the procedures for selecting the panel members is provided in Section III.C. The three-member Hearing Panel meets the same requirements of the decision-making bodies of the Commission in that it includes a public representative along with an academic and administrative representative. The Commission maintains a pool of representatives who
have agreed to serve on a Hearing Panel in the event of an appeal. Those members serve three-year
terms, and the pool is reviewed periodically to determine whether mid-term replacements are
necessary. No currently serving Commissioners may serve as a Hearing Panel member. Hearing Panelists
are required to declare conflicts of interests and must immediately inform the Administrator of the
Appeal upon receiving the invitation if a conflict of interest exists. Like all peer evaluators, members of
the Hearing Panel must certify the Statement of Ethical Conduct when accepting the invitation to serve.
An individual is disqualified from serving if she or he has a conflict of interest as defined under the
Commission’s Conflicts of Interest: Commission Representatives Policy, participated in any way in the
process leading to the action being appealed, or has had any prior employment relationship with the
Appellant. If the Appellant or Commission believe a conflict exists or that an appeals member should
otherwise not participate in the proceeding, either party may challenge the selection of an individual to
serve as a Hearing Panelist.

The Hearing Panel may take actions as established in the Accreditation Actions Policy and in Section
VI.C. of the Accreditation Actions Procedures. The Hearing Panel has the authority to affirm, amend, or
remand the adverse accrediting action. The Commission then takes action to recognize the Hearing
Panel’s decision for the record. In the event the Hearing Panel acted to remand the appeal decision, the
Commission will act in accordance with the instructions provided by the Hearing Panel. As stated in
Exhibit PP - Appeals from Adverse Accrediting Actions Procedures, Section III.L.b., “the Hearing Panel
must identify in its decision the specific policies and procedures that the Commission failed to follow
and must address or the error in the proceedings with specific instructions to review the action, taking
into consideration any findings of the Hearing Panel.”

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Analyst Worksheet- Narrative
Analyst Review Status:

Does not meet the requirements of this section
Staff Determination:

The agency must revise its policy to allow institutions to appeal any adverse action prior to the action becoming final and revise the appeal panel's ability to reverse the decision of the Commission.

Analyst Remarks to Narrative:

The agency attests and provides documentation of its Appeals Policy that provides an opportunity for institutions to appeal the Commission's decisions and to be represented by counsel throughout the appeals procedure. Under this policy the Hearing Panel will be selected in accordance with the agency policy and shall be composed of a Public Representative and Peer Reviewers who are academic and administrative representatives of member institutions. No individual currently serving on the Commission may serve as a member of the Hearing Panel. The Hearing Panel shall have the authority to affirm, amend, reverse, or remand the adverse accrediting action. Additionally, the Hearing Panel shall affirm the Commission's decision unless the Appellant proves, by clear and convincing evidence, that the Commission's action was arbitrary and without substantial evidence in the record or that there was an error in the proceedings of the Commission that materially affected its decision. A decision to affirm the Commission's decision is final and binding on the parties (Ex. PP Appeals from Adverse Accrediting Actions, Ex. PP Accreditation Actions Policy, Ex. PP Accreditation Actions Procedures, Ex. PP - Appeals from Adverse Accrediting Actions Procedures).

Agency policy provides the right for an institution to appeal an adverse accrediting action only on the following grounds only if there were procedural errors or omissions in carrying out the MSCHE's procedures on the part of the evaluation team or the Commission which materially affected the Commission's decision; there was demonstrable bias or prejudice on the part of one or more members of the evaluation team or Commission staff or Commission which materially affected the Commission's action; and the decision of the Commission was arbitrary because the information in the record was not sufficient to support the Commission's action or the decision was inconsistent with the published standards of the Commission. Federal regulation allows institutions to appeal any adverse action prior to the action becoming final; therefore, this agency policy is inconsistent with Federal regulation and the agency must revise its policy to reflect current regulation. In addition, the new regulations that became effective on July 1, 2020, do not afford the appeals panel the ability to reverse the decision of the Commission. The appeals panel may amend the decision-making body's decision which could involve reaching a different conclusion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

In accordance with 602.25(f), the agency provides member institutions with the opportunity to appeal any adverse action prior to the action becoming final. While the agency's Appeals from Adverse Actions Procedures did identify grounds for appeal, the listed grounds did not effectively limit the right to appeal
for any member institution in practice. The agency listed possible grounds as a mechanism for understanding the nature of the appeal as information to move forward to the Hearing Panel.

Despite the application of the Appeals from Adverse Actions procedures in a manner consistent with the language of 602.25(f), for further clarity, the agency has revised its Appeals from Adverse Actions procedures to remove the grounds for appeal and to avoid any appearance that such grounds would present a limitation on the right to appeal. The agency’s amended Appeals from Adverse Actions procedures became effective on October 1, 2022.

In accordance with 602.25(f)(1)(iv), the agency has removed “reverse” as an option afforded to the Hearing Panel. In the April 1, 2021, submission, to demonstrate compliance with 602.25(f), the agency provided narrative and evidence in the form of its then-current Appeals from Adverse Actions Procedures (Ex. PP), with an effective date of April 21, 2017; however, it was in the process of being revised at the time. On July 1, 2021, the agency revised its Appeals from Adverse Actions Procedures, which removed the “reverse” option (01-602.25f_Appeals-from-Adverse-Actions-Procedures-Jul-1-2021). The agency has again revised its Appeals from Adverse Actions Procedures on October 1, 2022, to provide the clarity described above, and the reference to “reverse” remains eliminated (02-602.25f_Appeals-from-Adverse-Actions-Procedures-Oct-1-2022). The language of the Appeals from Adverse Actions Procedures, effective October 1, 2022, mirrors the language of 602.25(f)(1)(iv).

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

The agency has revised its policy and removed the option afforded to the appeals panel to reverse Commission decisions as of July 2021. This revision also allows institutions the right to appeal any adverse action prior to the action becoming final (Ex. 01-602.25f, 02-602.25f). The revision of agency policy satisfies Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.25(g)
Description of Criteria
The agency notifies the institution or program in writing of the result of its appeal and the basis for that result.

Narrative:
The Hearing Panel must render its decision in writing within 15 business days following the Hearing (See Exhibit PP - Appeals from Adverse Accrediting Actions Procedures, See Section L.2., p 9). If the Hearing Panel requested further information from either the institution or the Commission, the Hearing Panel must render its decision within 15 business days of the submission of the information. If the oral appearance before the Hearing Panel was waived, the Hearing Panel must render its decision in writing within 30 days of the submission of the Commission’s written statement. The Hearing Panel’s decision must state whether its decision is to affirm, remand, or amend the Commission’s adverse accrediting action and must summarize the reasons for its action.

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Analyst Worksheet - Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

Consistent with the previous section and noted in this criterion, the agency attests and provides documentation of its Appeals Policy that requires notification of appeal decisions. The policy requires a written report of the final decision within 15 business days following the hearing along with a copy of the Appeals from Adverse Accrediting Action document unless the Hearing Panel requests additional information. In that case, the written decision will be rendered 15 days after the information is received. If the complainant does not appear in front of the Hearing Panel, a decision will be made based on the parties’ submissions and rendered within 30 days. (Ex. PP Appeals from Adverse Accrediting Actions)

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:
(h) The agency must provide for a process, in accordance with written procedures, through which an institution or program may, before the agency reaches a final adverse action decision, seek review of new financial information if all of the following conditions are met:

(i) The financial information was unavailable to the institution or program until after the decision subject to appeal was made.

(ii) The financial information is significant and bears materially on the financial deficiencies identified by the agency. The criteria of significance and materiality are determined by the agency.

(iii) The only remaining deficiency cited by the agency in support of a final adverse action decision is the institution’s or program’s failure to meet an agency standard pertaining to finances.

(2) An institution or program may seek the review of new financial information described in paragraph (h)(1) of this section only once and any determination by the agency made with respect to that review does not provide a basis for an appeal.

Narrative:
The Hearing Panel conducts its review based on the record and condition of the institution as of the time of the Commission’s decision (See Exhibit PP - Appeals from Adverse Accrediting Actions Procedures, Section III.A.b., p 5). However, Section III.F. captures the federal regulatory requirement that an institution whose accreditation is being withdrawn solely for financial reasons may present new and verifiable information relating to changes in the institution’s financial status since the time of the Commission’s action. To be presented, updated financial information must meet certain requirements: (1) the information was not available to the institution at the time the Commission voted on the adverse action; (2) the Hearing Panel or its Chair determines the information to be so substantial and material it is likely to have had a bearing on the Commission’s decision to issue an adverse decision if it had been available to the Commission. The Appeals Procedures require that this new information be submitted at least five days in advance of the hearing and include any available verification of the new information from third party sources. To ensure that the information is new, the Commission is provided the opportunity to assess whether the information is new and whether it might have had a bearing on its decision. The Hearing Panel Chair then makes a determination whether the new financial information should be allowed. Any objection by either party is heard by the full Hearing Panel. The Appeals from Adverse Accrediting Actions Procedures are currently under substantive review by the Commission, and publication is expected in summer 2021.
Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation of this policy as applied to an institution (if available) during the review period, and documentation of its policy related to only one review of financial information.

Analyst Remarks to Narrative:

The agency has a policy (Ex. PP Appeals from Adverse Accrediting Actions) related to the review of new financial information that comes about before the Commission has reached a final adverse action decision. The policy states that updated financial information may only be offered if the information was not available to the institution at the time the Commission voted on the adverse action, and the information is determined by the Hearing Panel or its Chair to be so substantial and material that had it been available it is likely to have had a bearing on the decision of the Commission to issue an adverse decision.

The policy also provides that in advance of the Chair’s ruling on the introduction of the new information, the Commission shall have an opportunity to provide the Administrator with a statement as to whether such information is new and whether it might have had a bearing on the decision; however, this provision does not consider this criterion’s requirement that this review occur only once. The agency did not provide documentation of this provision which requires review of financial information only once and that the decision is final and binding on the institution. The agency did not provide documentation of this policy applied during the review period (Ex. PP Appeals from Adverse Accrediting Actions).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The agency did not apply its Appeals from Adverse Accrediting Actions policy and procedures because the agency did not take any adverse actions against member institutions during the recognition period.
In the April 1, 2021 submission, the agency provided narrative and evidence in the form of the Appeals from Adverse Accrediting Actions Procedures, which were effective April 21, 2017 through July 1, 2021. The agency noted that the Appeals from Adverse Accrediting Actions Procedures were in the process of substantive review with an anticipated effective date of July 1, 2021. The agency revised these procedures effective July 1, 2021 (01-602.25f_Appeals-from-Adverse-Actions-Procedures-Jul-1-2021), and has since revised them again, effective October 1, 2022 (02-602.25h_Appeals-from-Adverse-Actions-Procedures-Oct-1-2022).

The agency has consistently maintained a process for the review of new financial information that aligned with 602.25(h). This process, as applied, has limited the review of new financial information during the appeals process to only one review. The 2022 revisions to the Adverse Accrediting Actions Procedures did not impact the substance or applicability of the agency’s appeals procedures but were made to clarify process and to more definitively state that “[t]he institution may seek the review of new intervening financial information only once and the decision is final and binding on the institution in accordance with federal regulation 34 CFR § 602.25(h)(2)” (02-602.25h-Appeals-from-Adverse-Actions-Procedures-Oct-1-2022, Section II.F., Page 3).

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

As noted in the narrative, MSCHE has revised its Appeals from Adverse Accrediting Actions Procedures policy (effective July 2021) which allows institutions to seek review of new intervening financial information only once. Any decision made by the agency is final and binding on the institution in Ex.02-602.25h). This additional policy language was reconfirmed with the agency’s October 2022 revision which is in accordance with this criterion.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.26(a)
Description of Criteria

The agency must demonstrate that it has established and follows written procedures requiring it to provide written notice of its accrediting decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies,
and the public. The agency meets this requirement if the agency, following its written procedures--

(a) Provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public no later than 30 days after it makes the decision:
   (1) A decision to award initial accreditation or preaccreditation to an institution or program.
   (2) A decision to renew an institution's or program's accreditation or preaccreditation;

Narrative:
The Commission's process for informing the institution and the public about all accreditation actions is established in its published Communication in the Accreditation Process Policy and Procedures. The Procedures, which were most recently updated January 1, 2021, specifically address notification of accreditation decisions in Section V Procedures for Notification of Accreditation Decisions (Exhibit PP - Communication Policy; Exhibit PP - Communication Procedures, see especially Section V.B., pp 3-4).

Following each Commission meeting, the Commission sends an email notification to the institution’s Chief Executive Officer and the Accreditation Liaison Officer to notify the institution that the action is viewable through the Institution Portal. The action states clearly the decision of the Commission and the institution’s accreditation status including compliance or non-compliance. The action notification is sent no later than 30 calendar days after the Commission’s action. Although Section B of the Procedures requires notification within 30 calendar days, the Commission most frequently distributes action notifications within five business days.

As directed by the Communication Procedures under Section V.C., the Commission notifies the U.S. Secretary of Education, the appropriate state or other licensing or authorizing agency, and the appropriate accrediting agencies no later than 30 calendar days after it takes an action in accordance with this regulatory provision. As required by the USDE and noted under Section V.B.2., the Commission provides notification of its actions to the USDE via the Database of Accredited Postsecondary Institutions and Programs (DAPIP) system. For all non-compliance actions, the Commission also provides a copy of the Notification of Non-Compliance. The data provided to USDE through DAPIP are published by the Office of Postsecondary Education at https://ope.ed.gov/dapip/#/home. All other notifications to State agencies, other licensing or authorizing agencies, and other appropriate accrediting agencies is conducted via email (Exhibit A - Notification email-Link to All March 2021 Actions_R; Exhibit A - Notification email-link to Non-Compliance Actions_R). The Commission also posts its actions each month on its website. Exhibit W - Recent Commission Actions Webpage provides a snapshot of the page showing links to the 2021 monthly updates.

Document(s) for this Section

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Exhibit A - Notification email-link to Non-Compliance Actions

Exhibit PP - Communication Policy

Exhibit PP - Communication Procedures

Exhibit W - Recent Commission Actions Webpage

01-602.26a_TJU_DAPIP-Notification-Positive

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Does not meet the requirements of this section

Staff Determination:

The agency must demonstrate that accrediting actions are reported using the Database of Accredited Postsecondary Institutions and Programs (DAPIP) which is the system the Department of Education system for reporting the information required by this criterion.

Analyst Remarks to Narrative:

The agency attests and provides documentation (Ex. PP Communication Procedures) of its policy to provide written notice to the U.S. Secretary of Education, the appropriate state licensing state licensing or authorizing agency, and the appropriate regional and/or accrediting agencies any time a program’s accreditation or preaccreditation status changes through the Department’s Database of Accredited Postsecondary Institutions and Programs (DAPIP) system and email. The policy specifically states that the Commission will provide notification of accreditation actions to the U.S. Secretary of Education, the appropriate state or other licensing or authorizing agency, and the appropriate accrediting agencies no later than 30 calendar days after it takes an action in accordance with Federal regulations.

The agency provides documentation (via a screenshot of the agency’s website) of the public notification of changes (Ex. W Recent Commission Actions Webpage) along with emails sent to stakeholders informing them of Board decisions. (Ex. A Notification Email Link to All March 2021 Actions R, Ex. A Notification email link to Non-Compliance Actions); however, the agency did not provide documentation of its DAPIP submission.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

The agency is now providing additional evidence documenting the agency's notification to DAPIP for a positive action of reaffirmation (01-602.26a_TJU_DAPIP-Notification-Positive).

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

The agency has now provided, as requested, documentation of accrediting actions reported using the Database of Accredited Postsecondary Institutions and Programs (DAPIP) (Ex. 01.602.26a). This additional information resolves previous Department staff concerns related to this criterion.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.26(b)
Description of Criteria

(b) Provides written notice of a final decision of a probation or equivalent status or an initiated adverse action to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the decision and requires the institution or program to disclose such an action within seven business days of receipt to all current and prospective students;

Narrative:
If the accreditation action reflects non-compliance, the Commission provides official notification to the institution via email that the action is available and viewable in the Institution Portal. In accordance with its Communications in the Accreditation Process Procedures Section V.B.3., the Commission also will mail a hardcopy of the action notification with delivery confirmation to the institution. The Notification also includes hyperlinks to resources regarding the Commission's actions and the institution's accreditation status including the Public Disclosures Policy and Procedures and the Communication in the Accreditation Process Policy and Procedures. (Exhibit PP - Public Disclosures Policy; Exhibit PP - Public Disclosures Procedures; Exhibit PP - Communication Policy; Exhibit PP – Communication
Procedures). As required by Section C.1. of the Communication in the Accreditation Process Procedures, the Commission will provide notification to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution of the action (Exhibit PP – Communication Procedures). The USDE is notified via the Database of Accredited Postsecondary Institutions and Programs (DAPIP), and all entities are notified via email (Exhibit A - Notification email-link to Non-Compliance Actions_R). Institutions are informed that the Commission will provide notification beyond the institution in the Notification of Non-Compliance Action as follows: “Pursuant to the Commission’s Communication in the Accreditation Process Policy and Procedures, this letter serves as the Commission’s official notification of this action. This accreditation action will be publicly available on the Commission’s website within 24 hours of informing the institution. In accordance with policy and federal regulation, the Commission provides notification of non-compliance actions to the United States Secretary of Education, the appropriate state or other licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution, but no later than 30 days after it takes the action.” Exhibit W - Non-Compliance Actions and Adverse Actions Page provides a snapshot of the landing page for non-compliance and adverse actions listed by status. A PDF of the action notification is displayed by clicking on the institution name.

The Commission requires institutions to disclose information, including accreditation information, as stated in the Communication in the Accreditation Process Policy and Procedures and in the Public Disclosures Policy and Procedures. In accordance with the Communication in the Accreditation Process Procedures Section V.A., (Exhibit PP - Communication Procedures), institutions are required to disclose non-compliance and adverse accreditation actions within seven calendar days of receipt to all current and prospective students. The Commission’s procedures for communication and public disclosure of initial adverse action and a final adverse action are the same. Procedures for this disclosure are provided in the Public Disclosures Procedures (Exhibit PP – Public Disclosures Procedures). Section III.A.3. of the Public Disclosures Procedures, further requires that a member institution that has been placed in any non-compliance status (warning, probation, or show cause) or adverse action by the Commission is required to display the action within seven calendar days of notification by the Commission. Section III of the Public Disclosures Procedures provides specific procedures for disclosing a comprehensive statement about its current accreditation phase and accreditation status on its website and wherever accreditation is referenced in publications. Accreditation phase refers to the institution’s stage within the accreditation lifecycle (applicant, candidate, accredited), and accreditation status refers to the member’s standing with the Commission based on its most recent grant of candidate for accreditation status, grant of accreditation, reaffirmation, non-compliance, or adverse action taken by the Commission.

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Staff Determination:

The agency must demonstrate that accrediting actions are reported using the Database of Accredited Postsecondary Institutions and Programs (DAPIP) which is the system the Department of Education system for reporting the information required by this criterion.

Analyst Remarks to Narrative:

The agency has a policy for officially notifying the U.S. Secretary of Education (via DAPIP), the appropriate state licensing state licensing or authorizing agency, and the appropriate regional and/or accrediting agencies (via email) of final decisions or an adverse action. Specifically, for non-compliance actions (warning, probation, show cause) and adverse actions (to deny or withdraw candidate for accreditation status or accreditation), the policy requires the Commission to provide notification to these entities at the same time as it notifies the institution of the action in accordance with Federal regulation and institutions must disclose non-compliance and adverse accreditation actions within 7 calendar days of receipt to all current and prospective students.

The agency provided documentation (via a screenshot of the agency’s website) of the public notification of changes (Ex. W Recent Commission Actions Webpage) along with emails sent to stakeholders informing them of Board decisions; however, the agency did not provide documentation of its DAPIP submission (Ex. A Notification Email Link to All March 2021 Actions R, Ex. A Notification email link to Non-Compliance Actions).

List of Document(s) Uploaded by Analyst - Narrative

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Response:
The agency is now providing additional evidence documenting the agency’s notification to DAPIP for a probation or equivalent status action of show cause (01-602.26b_Cheyney_DAPIP-Notification-Positive).

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

The agency has now provided, as requested, documentation of probation or equivalent status as reported using the Database of Accredited Postsecondary Institutions and Programs (DAPIP) (Ex. 01.602.26b). This additional information resolves previous Department staff concerns related to this criterion.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.26(c)
Description of Criteria

(c) Provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the decision, but no later than 30 days after it reaches the decision:

(1) A final decision to deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation of an institution or program.

(2) A final decision to take any other adverse action, as defined by the agency, not listed in paragraph (c)(1) of this section;

Narrative:
For purposes of communicating actions to the institution, the USDE, State licensing or authorizing agencies, and the appropriate accrediting agencies, the Commission’s Communication in the Accreditation Process Policy and Procedures and its Public Disclosures Policy and Procedures treats all non-compliance actions the same. As described in response to 602.26(b) as required by Section C.1. of the Communication in the Accreditation Process Procedures, the Commission will provide notification to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution of the action. The USDE is notified via the Database
of Accredited Postsecondary Institutions and Programs (DAPIP) and all other entities are notified via email. (Exhibit PP - Communication Policy; Exhibit PP – Communication Procedures; Exhibit Notification email-link to Non-Compliance Actions_R).

The Commission does not have any adverse actions beyond those published in its Accreditation Actions Policy and Procedures (Exhibit PP – Accreditation Actions Policy; Exhibit PP – Accreditation Actions Procedures). The Commission’s adverse actions include deny or withdraw Candidate for Accreditation Status and deny or withdraw Accreditation as published in Accreditation Actions Policy and Procedures.

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must demonstrate that accrediting actions are reported using the Database of Accredited Postsecondary Institutions and Programs (DAPIP) which is the system the Department of Education system for reporting the information required by this criterion.

Analyst Remarks to Narrative:

Similar to the criterion above, the agency attests and provided documentation of its Communication policy for notifying the U.S. Secretary of Education (via DAPIP), the appropriate state licensing state licensing or authorizing agency, and the appropriate regional and/or accrediting agencies (via email) of final decisions or an adverse action no later than 30 calendar days after it takes an action. Specifically, for non-compliance actions (warning, probation, show cause) and adverse actions (to deny or withdraw candidate for accreditation status or accreditation), the policy requires the Commission to provide
notification to these entities at the same time as it notifies the institution of the action in accordance with Federal regulation. (Ex. PP Communication Procedures)

The agency provided documentation (via a screenshot of the agency’s website) of the public notification of changes (Ex. W Recent Commission Actions Webpage) along with emails sent to stakeholders informing them of Board decisions. (Ex. A Notification Email Link to All March 2021 Actions R, Ex. A Notification email link to Non-Compliance Actions); however, the agency did not provide documentation of its DAPIP submission.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

In accordance with 602.26 (c), the Commission has not had any adverse actions during the period of review. Reporting to DAPIP was therefore not required under 602.26(c) since no adverse actions were taken by the agency during the review period.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

The agency has discussed that it has not taken any adverse actions during the review period; therefore, it did not report to the Database of Accredited Postsecondary Institutions and Programs (DAPIP) adverse actions for Department staff to review.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.26(d)
Description of Criteria

(d) Provides written notice to the public of the decisions listed in paragraphs (b) and (c) of this section within one business day of its notice to the institution or program;

Narrative:
The Commission provides notification of all accreditation actions to the public within one calendar day of notifying the institution as required by the Communication in the Accreditation Process Procedures Section V.D. (Exhibit PP – Communication Procedures).

The procedures for sharing information about member institutions are provided in Section IV of the procedures which establish that the Commission will publish an official public statement on its website, called the Statement of Accreditation Status (SAS). The SAS, which is available for each institution through the online Institution Directory (Exhibit W-InstitutionDirectoryWebpage_Locations), is an official downloadable, printable statement about each institution’s current accreditation status. The SAS includes all actions taken by the Commission in the past 10 years as well as other information about the institution’s accreditation phase, accreditation status, and scope of accreditation (including any approved alternative delivery methods, degree or credential levels, and locations). Exhibit I - Thomas Jefferson_SAS demonstrates the information available to the public through the SAS.

The website also provides a dedicated page to inform the public of all Commission actions listed by month and year (Exhibit W - Recent Commission Actions Webpage) and a separate dedicated page for all non-compliance and adverse actions. The Non-Compliance and Adverse Actions webpage provides a link to each current Notification of Non-Compliance Action (Exhibit W - Non-Compliance and Adverse Actions Page).

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section
The agency has a policy that requires written notice to the public of probation or adverse actions within one business day of its notice to the institution. Specifically, the agency’s Communication policy provides that the Commission will provide notification of accreditation actions to the public within one calendar day of notifying the institution in accordance with Federal regulation. The Commission will post all accreditation actions organized by meeting date on its website, a list of all non-compliance and adverse actions on its website and will post all accreditation actions to the institution’s online system. (Ex. PP Communication Procedures)

The agency provided a screenshot of its website linked to Recent Commission Actions which is available to the public and highlights Commission decisions for every month since the 2013. (Ex. W. Recent Commission Actions Webpages, Ex. W Noncompliance and Adverse Actions Page)

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.26(e)
Description of Criteria:

(e) For any decision listed in paragraph (c) of this section, requires the institution or program to disclose the decision to current and prospective students within seven business days of receipt and makes available to the Secretary, the appropriate State licensing or authorizing agency, and the public, no later than 60 days after the decision, a brief statement summarizing the reasons for the agency’s decision and the official comments that the affected institution or program may wish to make with regard to that decision, or evidence that the affected institution has been offered the opportunity to provide official comment;

Narrative:
As described in the response to 602.26(b), the Communication in the Accreditation Process Procedures, Section V.A. requires a member institution that has been placed in any non-compliance status (warning, probation, or show cause) or adverse action by the Commission to disclose the action to all current and prospective students within seven calendar days of notification by the Commission (Exhibit PP – Communication Procedures). Public Disclosures Procedures Section III.A.3. requires the institution to disclose its current accreditation phase and accreditation status on its website and wherever
accreditation is referenced in publications (Exhibit PP – Public Disclosures Procedures).

The Commission posts notification of all non-compliance actions or adverse actions on the Institution Directory and on the Statement of Accreditation Status (SAS), which summarizes the reasons for the Commission’s action, no later than 60 days after the date of action. The SAS is an official downloadable, printable statement about an institution’s current accreditation status. The SAS includes all actions taken by the Commission in the past 10 years as well as other information about the institution’s accreditation phase, accreditation status, and scope of accreditation (including any approved alternative delivery methods, degree or credential levels, and locations). The summary of the reasons for the Commission’s action is the language that was included in the Notification of Non-compliance Action received by the institution. The Commission provides the institution an opportunity to make a brief statement regarding the non-compliance or adverse action within 60 calendar days from the date of the action (Exhibit A – Probation Action Letter_6_28_2019, see page 2; Exhibit A – Adverse Action Notification Template). If one is provided, the Commission will make the statement available to the public on the MSCHE website until the Commission takes its next accreditation action. Exhibit I – Institution Statement provides an example of a statement submitted by an institution in non-compliance. (Exhibit PP - Communication Policy; Exhibit PP - Communication Procedures, see Section V.B.4., p 4)

Document(s) for this Section

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Analyst Worksheet - Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must demonstrate that accrediting actions are reported using the Database of Accredited Postsecondary Institutions and Programs (DAPIP) which is the system the Department of Education system for reporting the information required by this criterion.

The agency must also provide documentation that its policy allows for the official comments that the affected institution may wish to make with regard to a decision, or evidence that the affected institution has been offered the opportunity to provide official comment.

Analyst Remarks to Narrative:

The agency has a policy for disclosing final decisions to deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation of an institution or any other adverse action to current and prospective students within seven business days and to provide notice to the Secretary, the appropriate State licensing or authorizing agency, and the public, no later than 60 days after the decision; however, the agency did not provide documentation of its DAPIP submission.

The agency must demonstrate that accrediting actions are reported using the Database of Accredited Postsecondary Institutions and Programs (DAPIP) which is the system the Department of Education system for reporting the information required by this criterion. Additionally, the agency must provide documentation that its policy provides for official comments that the affected institution may wish to make with regard to a decision, or evidence that the affected institution has been offered the opportunity to provide official comment.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response
MSCHE provided a screenshot of its Database of Accredited Postsecondary Institutions and Programs (DAPIP) submission above demonstrating it discloses accrediting decisions to the Department.

The agency also provided its Communication in the Accreditation Process Procedures (effective October 2022) that requires the Commission to provide the institution with an opportunity to submit a brief institutional statement regarding non-compliance. This statement is optional and must be submitted within 60 days of the action. The Commission will then post the institutional statement on the Institution Directory and the SAS within 60 calendar days of the date of the action in accordance with federal regulation (Ex. 01-602.26e). The agency also provided documentation of its decision (Ex. 02.602.26e), the institutional statement (Ex. 03.602.26e), and a screenshot of the directory listing from the agency’s website (Ex. 04.602.26e).

The revised policy and documents submission satisfy previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.26(f)
Description of Criteria

(f) Notifies the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public if an accredited or preaccredited institution or program—

(1) Decides to withdraw voluntarily from accreditation or preaccreditation, within 10 business days of receiving notification from the institution or program that it is withdrawing voluntarily from accreditation or preaccreditation; or

(2) Lets its accreditation or preaccreditation lapse, within 10 business days of the date on which accreditation or preaccreditation lapses.

Narrative:
In the event that an institution voluntarily surrenders its candidate for accreditation status or accreditation status, the Commission will notify the U.S. Secretary of Education, the appropriate State or other licensing or authorizing agency, the appropriate USDE recognized accrediting agencies, and the public within 10 calendar days of receiving notification from the institution (Exhibit PP - Communication Policy; Exhibit PP - Communication Procedures, see Section V.E, p 5). Since the regulations became effective on July 1, 2020, the MSCHE has not received a notification of an institution’s intent to voluntarily surrender its accreditation.

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must demonstrate that it has a policy specific to 34 CFR § 602.27(f)(2) related to institutions that voluntarily withdraw its accreditation or preaccreditation.

Analyst Remarks to Narrative:
The agency’s Communication policy provides that in the event that an institution voluntarily surrenders its candidate for accreditation status or accreditation status, the Commission will notify the Secretary, the appropriate State or other licensing or authorizing agency, the appropriate USDE recognized accrediting agencies, and the public within 10 calendar days of receiving notification from the institution in accordance with Federal regulation. The agency did not attest or provide documentation of its policy related to its notification policy for accredited or preaccredited institutions that let its accredited or preaccredited lapse and the agency must provide documentation of this policy. (Ex. PP Communication Procedures)

The agency attests that it has not received notification of any institutions intent to voluntarily surrender its accreditation, therefore, documentation of this criterion in practice is not required.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

In the April 1, 2021 submission, the agency provided the Communications in the Accreditation Process Policy and Procedures (Ex. PP) as evidence of the agency’s compliance with this criterion. Those procedures state that the agency will notify the U.S. Secretary of Education, the appropriate State or other licensing or authorizing agency, the appropriate USDE recognized accrediting agencies, and the public within 10 calendar days of the date of receipt of the notification that an institution intends to voluntarily surrender its accreditation or candidate for accreditation status (preaccreditation) (Exhibit PP – Communication Procedures, Page 5).

In order to voluntarily surrender accreditation, the institution must submit the appropriate evidence and documentation to the agency for review and prior approval. The agency’s Bylaws (01-MARCHE-Bylaws-Nov-1-2022) state the following under Article IV:

Section 4.03. Termination of Membership. The Commission may terminate institutional membership by action of the Commission in accordance with Commission policies and procedures. An institution’s membership may continue until the member’s appeal, if any is filed, is exhausted. The Commission may terminate an institutional membership upon such institution’s voluntary request to surrender its accreditation and withdraw membership. Institutional members voluntarily requesting to surrender accreditation status and terminate membership are expected to obtain the appropriate and necessary approvals of the Commission to do so and must meet certain other conditions, including the payment of any outstanding dues and fees.

The procedures for a voluntary surrender of candidate for accreditation status (pre-accreditation) or accreditation are now described in the Accreditation Review Cycle and Monitoring Procedures (02-602.26f_Accreditation-Review-Cycle-Procedures-Oct-1-2022, Section X.F, Page 16). The agency uses an internal checklist to complete the steps of the process (03-602.26f_MSCH-Voluntary-Surrender-Internal-Checklist). Upon receipt of a notice of intent to voluntarily surrender accreditation or candidate
for accreditation status (pre-accreditation), the agency will acknowledge receipt in writing and request a supplemental information report (SIR). The request will require the submission of any information needed by the agency to terminate membership and, if applicable, a comprehensive and implementable teach-out plan and teach-out agreements that must be submitted in accordance with the Teach-Out Plans and Agreements Policy and Procedures and the Teach-out Plans and Agreements Form which were provided in the April 1, 2021 submission (Exhibit PP – Teach-Out Plans and Agreements Policy; Exhibit PP – Teach-Out Plans and Agreements Procedures; Exhibit F – Teach-Out Plans-Agreements Form). The agency reserves the right to request additional information throughout the process. Supplemental information reports can be reviewed by the Executive Committee or through the Committee on Follow-Up Activities and the Commission at their next regularly scheduled meetings. The effective date that accreditation will cease is determined by the Commission. An institution that fails to comply with any request for additional information is subject to a non-compliance action in accordance with the Commission’s policy and procedures for accreditation actions.

Since the April 1, 2021 submission of the petition, the agency received notification of a voluntary surrender from one institution. Lancaster Theological Seminary notified the Commission on June 2, 2022, that it intended to voluntarily surrender its accreditation (04-602.26f_LTS_Intent-Vol Surrender-Jun-2-2022). On June 6, 2022, the agency acknowledged receipt of the intent to voluntarily surrender and requested a supplemental information report (05-602.26f_LTS_Vol-Surrender-Request-SIR-Jun-6-2022). On June 10, 2022, the agency reported receipt of the institution’s intention to voluntarily surrender accreditation in the Database of Accredited Postsecondary Institutions and Programs (DAPIP) (06-602.26f_LTS_Vol Surrender-Notification-DAPIP-Jun-10-2022) and the appropriate state or authorizing agency and other accrediting agencies (07-602.27f_LTS_Vol Surrender-Notification-State-Other-Jun-10-2022). In the acknowledgement to the institution, the agency informed the institution that a teach-out plan was not required as long as the institution would continue operating as reported to the agency and its title IV gatekeeper would remain the Association of Theological Schools (ATS).

The Executive Committee reviewed the SIR at its regularly scheduled meeting on August 25, 2022, and took an action to end the institution’s accreditation (08-602.26f_LTS_Action History, Pages 2-3). The agency followed the procedures for notification of accreditation actions and provides documentation of those notifications as evidence of compliance with this criterion and application of agency policy (09-Communication-Procedure-Oct-1-2022, Section V., Pages 4-5; 10-602.26f_LTS_Accred-Ceased-Notification-DAPIP-Aug-25-2022; 11-602.26f_LTS_Notification-States-Other-Agencies-Aug-31-2022). The agency posts a statement on the Institution Directory for the public related to the voluntary surrender (12-602.26f_LTS_Vol-Surrender-Statement).

The agency will work with institutions that may need to consider the option to voluntarily surrender accreditation. In this way, the agency continues to ensure that institutions provide the necessary information, including a teach-out plan when applicable, to transition away from MSCHE accreditation without harming students.

Analyst Worksheet - Response
Analyst Review Status:

Does not meet the requirements of this section
Staff Determination:

The agency does not meet the requirements of this section. The agency must demonstrate that it has a policy specific to 34 CFR § 602.26(f)(2) related to institutions that allow its accreditation or preaccreditation lapse.

Analyst Remarks to Response

Although the agency once again provided documentation and policy references to 34 CFR § 602.26(f)(1) related to voluntary withdrawal of an institution’s accreditation or preaccreditation, the agency has yet to provide its policy related to 34 CFR § 602.26(f)(2) that speaks to institutions that allow its accreditation or preaccreditation to lapse.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.27 (a)(1-4)

Description of Criteria

(a) The agency must submit to the Department—
   (1) A list, updated annually, of its accredited and preaccredited institutions and programs, which may be provided electronically;
   (2) A summary of the agency's major accrediting activities during the previous year (an annual data summary), if requested by the Secretary to carry out the Secretary's responsibilities related to this part;
   (3) Any proposed change in the agency's policies, procedures, or accreditation or preaccreditation standards that might alter its—
      (i) Scope of recognition, except as provided in paragraph (a)(4) of this section; or
      (ii) Compliance with the criteria for recognition;
   (4) Notification that the agency has expanded its scope of recognition to include distance education or correspondence courses as provided in section 496(a)(4)(B)(i)(I) of the HEA. Such an expansion of scope is effective on the date the Department receives the notification;

Narrative:
The Commission recognizes its obligation to provide information to the USDE about the organization and all major accreditation activities to enable continued oversight of the Commission’s recognition, and that is reflected in its policy and procedures (See Exhibit PP - Communications Policy; Exhibit PP -
Communications Procedures, especially Section VI.D). As the USDE has instructed, the Commission maintains its list of member institutions electronically through the USDE’s Database of Accredited Postsecondary Institutions and Programs (DAPIP). The procedures have incorporated a reference to DAPIP to ensure prompt and accurate reporting to the USDE, and the Commission has incorporated submissions to DAPIP into its workflow (See Exhibit PP - Communications Procedures, Section VI.D, p 6). Once accreditation actions are taken, the Commission provides updates, in accordance with the notification requirements in 602.26, including any changes in institutional membership such as new candidate or accredited institutions and institutions for which accreditation or candidacy has been withdrawn or denied (See Exhibit PP - Communications Procedures, Section V). The Commission also publishes the list of its current member institutions on its website at https://www.msche.org/institution/.

On July 13, 2020, the Commission notified the USDE of its decision to expand its geographic scope of accreditation activities. The Commission acted to accept domestic applications beyond its regional boundaries as previously defined and to lift its moratorium on international applications beginning January 1, 2021. Amended and Restated Bylaws reflecting the Commission’s decision were adopted effective July 1, 2020. The Commission’s current recognized scope of accreditation includes distance and correspondence education. Therefore, no notification is required under 602.27(a)(4).

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Analyst Worksheet- Narrative
Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:

The agency has a Communication policy in place that requires it to report the following information to the Department through the DAPIP system, including a list updated annually, of its accredited and candidate institutions, provided electronically through the institution directory on the Commission’s website; a summary of major accrediting activities during the previous year, if requested by the Secretary to carry out the Secretary’s responsibilities related to this part; notification of any proposed change in policies, procedures, or standards that might alter its scope of recognition or compliance with the criteria for recognition; the name of any institution accredited by the agency that the agency has reason to believe is failing to meet its title IV, Higher Education Act (HEA) program responsibilities or is engaged in fraud or abuse, along with the agency’s reason for concern about the institution; and, if the Secretary requests, information that may bear upon an accredited or candidate institution’s compliance with its title IV, HEA program responsibilities, including the eligibility of the institution to participate in
title IV, HEA programs. (Ex. PP Communication Procedures)

The agency's scope of recognition previously included distance education and correspondence education; therefore, no change is needed under this criterion.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.27 (a)(5-6),(b)

Description of Criteria

(5) The name of any institution or program it accredits that the agency has reason to believe is failing to meet its title IV, HEA program responsibilities or is engaged in fraud or abuse, along with the agency's reasons for concern about the institution or program; and
(6) If the Secretary requests, information that may bear upon an accredited or preaccredited institution's compliance with its title IV, HEA program responsibilities, including the eligibility of the institution or program to participate in title IV, HEA programs.

(b) If an agency has a policy regarding notification to an institution or program of contact with the Department in accordance with paragraph (a)(5) or (6) of this section, it must provide for a case-by-case review of the circumstances surrounding the contact, and the need for the confidentiality of that contact. When the Department determines a compelling need for confidentiality, the agency must consider that contact confidential upon specific request of the Department.

Narrative:
The Commission has a long tradition of cooperative relations and information sharing with the USDE, state agencies and other accreditors. As part of the regulatory triad, the Commission is committed to its oversight role as well as its obligation to share information that supports the role of other triad members.

The Communication in the Accreditation Process Policy and Procedures section VI.D.4., requires the Commission to report the name of any member institution that the Commission believes is failing to meet its title IV program responsibilities, or is engaged in fraud or abuse, along with the reasons for concern. The Commission has not identified any concerns related to title IV program responsibilities,
fraud, or abuse since its May 2018 recognition. (Exhibit PP – Communication Procedures)

The Commission demonstrates its responsiveness under this provision through two document requests made by the USDE Office of Inspector General (OIG) under 602.27(a)(6) during this period of recognition. The Commission has established internal protocols that include hosting conference calls to learn more about the request and answer questions about the Commission standards and requirements of affiliation, policies and procedures, and the institutions that may be in question. The Commission must receive a written request for documents, including a reference to the authority under which the documents are being requested. In accordance with the Commission’s Communication Procedures, section VI.D.S., the Commission can provide available documentation, otherwise confidential, to the OIG. The Commission continues to respond promptly and thoroughly requests from the Office of Postsecondary Education’s Accreditation Group under provision 602.27(a)(7) of the previous regulations. Department staff will have access to documentation and examples during the on-site File Review.

The Commission’s Communication Procedures address confidentiality in Section VII.E. When information about an institution is requested by appropriate government officials or other agencies including the USDE, confidentiality is deemed waived by the institution. The Commission does not notify an institution when information is shared with the USDE under 602.27(a)(5) or (6) (Exhibit PP - Communications Policy; Exhibit PP - Communications Procedures, see Section VII.E., p 7).

Document(s) for this Section

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attest he Commission will report the name of any institution accredited by the agency that has reason to believe is failing to meet its title IV, Higher Education Act (HEA) program responsibilities or is engaged in fraud or abuse, along with the agency’s reason for concern about the institution and, if the Secretary requests, information that may bear upon an accredited or candidate institution’s compliance with its title IV, HEA program responsibilities, including the eligibility of the institution to participate in title IV, HEA programs. This information will be reported to the Department through the DAPIP system. (Ex. PP Communication Procedures) Additionally, where the Commission staff is required to share otherwise confidential information with government or other agencies when requested by appropriate officials’ confidentiality is deemed waived by the institution.
Criteria: 602.28 (a)
Description of Criteria

(a) If the agency is an institutional accrediting agency, it may not accredit or preaccredit institutions that lack legal authorization under applicable State law to provide a program of education beyond the secondary level.

Narrative:
To be eligible to apply for, achieve, and maintain Candidate for Accreditation status or accreditation, an institution must demonstrate that it fully meets the Requirements of Affiliation. Requirement of Affiliation #1 speaks to legal authorization under applicable State law and requires that institutions be authorized or licensed to operate as a postsecondary educational institution and to award postsecondary degrees. Requirement of Affiliation #5 further requires that “the institution complies with all applicable government (usually Federal and state) laws and regulations.” (Exhibit PP – Standards, see page 2)

The Commission’s Application and Candidacy Review Cycle and Monitoring Policy and Procedures underscores this requirement. As stated in the Procedures Section II.F., an applicant institution must report sufficient, accurate, and verifiable information to demonstrate that the institution is legally authorized or licensed from an appropriate governmental organization or agency to operate as a postsecondary educational institution and must award postsecondary degrees or hold proper legal exemption in accordance with Requirement of Affiliation #1. A dedicated staff member reviews the report to ensure it is complete, and peer evaluators are assigned to verify the institution’s submission (Exhibit PP - Application_Candidacy Review Cycle_Policy; See especially Exhibit PP - Application_Candidacy Review Cycle_Procedures, Section II pp 1-4; Exhibit F - Pre-Applicant Data Form, See pp 11-12; Exhibit F - Pre-Applicant Minimum Requirements Review Report, See Section C.1. p 2).

Because compliance is expected to be continuous, institutions must demonstrate legal authorization to operate during other accreditation activities. At the time of self-study and at any other time requested by the Commission, institutions must provide documents and/or URLs available to current and prospective students that show the most recent updated degree granting authority, charter, or license with an appropriate jurisdiction and the current accreditation status with the state or other USDE approved agencies as part of the Commission’s Verification of Compliance with Accreditation-Relevant
Federal Regulations process described under 602.17(g). If the institution has been found noncompliant by the state or other USDE recognized agency within the last five years, the institution also must provide the report from the state or other accreditor and the institution’s response. (Exhibit PP – Verification of Compliance_2020, see area 6, p 7)

In accordance with its Accreditation Review Cycle and Monitoring Policy and Procedures, and as part of its ongoing monitoring activities, the Commission may utilize substantiated information received from external sources or materials and data that is collected. The policy and procedures establish a number of approaches to monitor institutions throughout the accreditation review cycle and ensure ongoing compliance with the Commission’s standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements. As discussed under 602.28(b) and (e), should the Commission be notified that an institution is at risk of losing or has lost its state authorization, the Commission would require an Out of Cycle Supplemental Information Report (SIR). An SIR is a monitoring report that may be requested at any time if the Commission obtains information that suggests the institution has conducted activities that have generated public concern or if the Commission has concerns about the institution’s ongoing compliance with the Commission’s requirements of affiliation, standards, policies and procedures, and applicable federal regulatory requirements. (Exhibit PP – Accreditation Review Cycle Policy; Exhibit PP – Accreditation Review Cycle Procedures)

Evidence of authorization by state or other legal authorities is also required under the Substantive Change Policy and Procedures. For all types of substantive change, the Commission requires institutions to provide documentation for all required internal approvals (i.e., administrative, faculty, committees, board of trustees) and required external approvals (i.e., system, state, out-of-state, international, national and/or specialized accreditors) (See Exhibit F - Substantive Change Request Forms, Section C, p 6). When approvals are pending, the Commission action includes the requirement that institutions submit evidence of any outstanding approvals from all necessary licensing, regulatory, or other legal entities to the Commission as soon as those are obtained. The Commission may rescind a substantive change action if approvals from all necessary licensing, regulatory, or other legal entities are not received by the Commission.

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The agency attests that part of its accreditation process requires institutions to demonstrate full compliance with the Requirements of Affiliation. The Requirements of Affiliation provide that the institution is authorized or licensed to operate as a postsecondary educational institution and has the legal ability to award postsecondary degrees and it provides written documentation demonstrating both. Authorization or licensure must be from an appropriate governmental organization or agency. (Ex. PP Standards) Additionally, the agency’s Application and Candidacy Review Cycle requires institutions to submit the Pre-Applicant Minimum Requirements Report. (Ex. F Pre-Applicant Minimum Requirements Report) This report requires institutions to provide evidence demonstrating sufficient, accurate, and verifiable information to show that the institution is legally authorized or licensed, from an appropriate governmental organization/agency to operate as a postsecondary educational institution, has the ability to award postsecondary degrees, or hold proper legal exemption.

The agency provided documentation of its Standards (Ex. PP Standards) as evidence of this policy along with a Pre-Applicant Data Form (Ex. F Pre-Applicant Data Form) to demonstrate how it confirms an institution has achieved licensure.
Criteria: 602.28 (b)

Description of Criteria

(b) Except as provided in paragraph (c) of this section, the agency may not grant initial or renewed accreditation or preaccreditation to an institution, or a program offered by an institution, if the agency knows, or has reasonable cause to know, that the institution is the subject of--

(1) A pending or final action brought by a State agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education in the State;
(2) A decision by a recognized agency to deny accreditation or preaccreditation;
(3) A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or preaccreditation; or
(4) Probation or an equivalent status imposed by a recognized agency.

Narrative:
As stated in response to 602.28(a), institutions seeking accreditation must demonstrate legal authorization or licensure to operate as a postsecondary educational institution and must award postsecondary degrees or hold proper legal exemption in accordance with Requirement of Affiliation #1, and must demonstrate that it is in compliance with all applicable government (usually Federal and state) laws and regulations in accordance with Requirement of Affiliation #5 (Exhibit PP - Standards, see Requirement of Affiliation #1 and #5). Applicant institutions also must submit sufficient, accurate, and verifiable information to demonstrate that the institution is in good standing, with no current non-compliance, adverse or the equivalent type of action, with the state or other accreditors. Once dedicated staff have confirmed that the submission is complete, peer evaluators are assigned to verify the information before the Commission considers any action (Exhibit PP - Application and Candidacy Review Cycle Policy; Exhibit PP – Application and Candidacy Review Cycle Procedures, see Section II.F.2, p 2).

The Commission also verifies at the time of self-study that the institution is legally authorized to provide a program of education beyond the secondary level and is in good standing with each state in which it is authorized or licensed to operate through the Institutional Federal Compliance Report, which responds to the requirements in Verification of Compliance with Accreditation-Relevant Federal Regulations (Exhibit F – IFCR; Exhibit PP – Verification of Compliance 2020). If the institution has status with a specialized, programmatic, or institutional accrediting agency recognized by the USDE, the Commission must verify that the institution is in good standing with the agency or agencies. Institutions are required to provide evidence including the names of other accreditors, program(s) it accredits, and year of next review; documents and/or URLs available to current and prospective students that show the most recent updated degree granting authority, charter, or license with an appropriate jurisdiction; and the current accreditation status with the state or other USDE approved agencies. If the institution has been found noncompliant by the state or other USDE recognized agency within the last five years, the
institution must also provide the report from the state or other accreditor including the institutional response.

Institutions seeking approval of a substantive change also must provide evidence of the institution’s standing with current accreditors and disclose whether the institution is currently being monitored by a state or federal agency for any reason. The Commission’s established substantive change request forms require institutions to disclose whether any other accrediting agency has asked for follow-up reporting from the institution, including any of its branch campuses, additional locations, or other sites within the last two full academic years, including the current year. The institution also must verify whether the institution is being monitored or reviewed by any federal agency, including the United States Department of Education, or any state agency for any reason, including any of its branch campuses, additional locations or other sites within the last two full academic years, including the current year. If the institution is subject to any oversight, the institution must provide the agency name, reporting date of the next report, and the topics to be reported. (Exhibit F - Substantive Change Forms - all, see Section B).

As described in response to 602.28(a), should the Commission be notified that an institution is at risk of losing or has lost its state authorization or if the action is a pending or final action by a USDE-recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution’s accreditation or candidacy, or the institution is placed on probation or an equivalent status, the Commission would take an action in accordance with its Accreditation Actions Policy and Procedures. A SIR is a type of monitoring report that may be requested at any time if the Commission obtains information that suggests the institution has conducted activities that have generated public concern or if the Commission has concerns about the institution’s ongoing compliance with the Commission’s requirements of affiliation, standards, policies and procedures, and applicable federal regulatory requirements. SIRs are reviewed by the Committee on Follow-Up Activities to determine whether any further action should be taken by the Commission in accordance with its Accreditation Actions Policy and Procedures (Exhibit PP – Accreditation Review Cycle Policy; Exhibit PP – Accreditation Review Cycle Procedures, see Section IV, pp 9-11 especially Section IV.D.)

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide documentation of its policy related to the ways in which it has reason to know of an institution's denial, suspension, revocation, withdrawal or termination of the institution's accreditation or preaccreditation by a recognized agency.

**Analyst Remarks to Narrative:**

The agency attests and provides documentation of its policy that requires the Commission to verify, through its Institutional Federal Compliance Report, that the institution is legally authorized to provide an education program beyond the secondary level and is in good standing with each state in which it is authorized or licensed to operate. In addition, if the institution has status with a specialized, programmatic, or institutional accrediting agency recognized by the Department, the Commission must verify that the institution is in good standing with the agency or agencies. (Ex. F IFCR; Ex. PP Verification of Compliance 2020). This policy allows the agency to ascertain information to confirm whether an institution is in good standing; however, it doesn’t account for instances where the agency should have reason to know that an institution has a pending or final action by a State agency or denial, suspension, revocation, withdrawal or termination of the institutions accreditation or preaccreditation by a recognized agency. And the agency must provide policy related to this element of the criterion.
In its April 1, 2021, submission, the agency provided policy documentation of the various checkpoints that are in place to review and verify that an institution is in good standing with a state or other authorizing agency and with other recognized accreditors. However, the agency was not specific about instances where an institution has a pending or final action by a State agency, or has received an action of denial, suspension, revocation, withdrawal or termination of the institution’s accreditation or candidate for accreditation status (preaccreditation) by a recognized agency. The agency is now providing policy documentation which describes what the agency will do if it learns that a State or authorizing agency has revoked or will revoke the legal authorization of an institution or an institution is in poor standing.

Established minimum requirements are applied to determine if an institution is eligible to apply for MSCHE accreditation (Ex. PP Application Candidacy Review Cycle Procedures). One of the first steps in the application process is to determine if the institution meets all of the minimum requirements (Ex. PP — Application Candidacy Procedures, Section II.F.2, Page 2). Minimum requirements #1 and #2 require written documentation from the institution to demonstrate that it is legally authorized and in good standing with another accreditor and the state or other authorizing agency or jurisdiction (01-602.28b-US Naval-CC_Pre-Applicant Data Form; 02-602.28b_Erie County-CC_Pre-Applicant Data Form). The Commission staff and peer evaluators verify the institution’s standing with other accreditors before allowing the institution to proceed in the application and candidacy process (03-602.28b_US Naval CC-Pre-App-Review-Report, Page 3; 04-602.28b_Erie County CC_Pre-App-Review-Report, Page 2). The agency is providing an example of an action taken by the Commission to decline to review an application from an institution because of its status with a state agency (05-602.28b_Decline-Application_Action_R).

The agency utilizes the Teach-Out Plans and Agreements Policy and Procedures (Ex. PP) when it learns that a State licensing or authorizing agency will revoke the license or legal authorization of a member institution. The agency will require the institution to submit a teach-out plan and teach-out agreement(s) when a State licensing or authorizing agency will revoke license or legal authorization (06-602.28b_Teach-Out Plans and Agreements Procedures, Section III.A.10, Page 3). The agency will review the teach-out plan and agreements and will work with the institution to implement an orderly closure and cease accreditation. The agency monitors the implementation of the teach-out plan and will take an action if the institution fails to implement the teach-out plan or its agreements.

The agency revised the Accreditation Review Cycle and Monitoring Procedures, effective October 1, 2022, to state: if the Commission learns that a candidate or accredited institution is the subject of a pending or final action by a State or other authorizing agency to revoke the institution’s legal authorization (34 CFR § 602.28(d)), the Commission will require the institution to submit a comprehensive and implementable teach-out plan and teach-out agreements in accordance with the Teach-Out Plans and Agreements Policy and Procedures and the Teach-Out Plans and Agreements Form. The Commission will review the teach-out plan and agreements and will work with the institution to implement an orderly closure and cease accreditation. The Commission will monitor the implementation
The agency revised the Accreditation Review Cycle and Monitoring Procedures, effective October 1, 2022, to connect the loss of legal authorization, which ends the accreditation review cycle, with the requirement for a teach-out plan (07-602.28b_Accreditation-Review-Cycle-Procedures-Oct-1-2022, Section V., Page 16). The revised procedures now state: If the Commission learns that a candidate or accredited institution is the subject of a pending or final action by a State or other authorizing agency to revoke the institution’s legal authorization (34 CFR § 602.28(d)), the Commission will require the institution to submit a comprehensive and implementable teach-out plan and teach-out agreements in accordance with the Teach-Out Plans and Agreements Policy and Procedures and the Teach-out Plans and Agreements Form. The Commission will review the teach-out plan and agreements and will work with the institution to implement an orderly closure and cease accreditation (07-602.28b_Accreditation-Review-Cycle-Procedures-Oct-1-2022, Section V., Page 16).

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

The agency has submitted narrative and documentation of its policy related to its initial verification process (during the application process) reviewing an institutions accreditation history to verify if any denial, suspension, revocation, withdrawal, or termination of the institutions accreditation or preaccreditation by a recognized agency has occurred. The agency also provided narrative, and documentation related to what the agency does after it finds out that an institution has been denied, suspended, revokes, withdrew, or terminated accreditation. Specifically, the agency verifies the institution’s standing as part of the agency’s initial accreditation eligibility criteria (Ex. PP).

List of Document(s) Uploaded by Analyst - Response

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criteria: 602.28 (c)
Description of Criteria

(c) The agency may grant accreditation or preaccreditation to an institution or program described in paragraph (b) of this section only if it pro-vides to the Secre-tary, within 30 days of its action, a thor-ough and reasonable expla-nation,
consistent with its -standards, why the action of the other body does not preclude the agency's grant of accreditation or preaccreditation.

Narrative:
The Commission’s policies and procedures establish multiple checkpoints at which the peer evaluators, Commissioners, and staff determine whether the institution is in compliance with state, federal, accredit or other appropriate agency requirements as described in response to 602.28(a) and (b). The Commission has not had occasion to knowingly grant Candidate for Accreditation status or accreditation to an institution that was under an action described in paragraph (b) of this section.

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Analyst Worksheet- Narrative
Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide its policy specifically related to its thorough and reasonable explanation to the Secretary of institutions that are subject to State action, decisions to deny accreditation or preaccreditation, pending or final action by a accrediting agency, or probation imposed by a recognized agency.

Analyst Remarks to Narrative:

The agency attests that it has various checkpoints with which peer evaluators, Commissioners, and staff determine whether an institution is in compliance with state, federal, accreditor or other agency requirements; however, this attestation does quite satisfy the requirements of this criterion.

The agency must provide policy documentation related to granting accreditation and preaccreditation to institutions that the agency knows or has reason to know are:

1. A pending or final action brought by a State agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education in the State;
2. A decision by a recognized agency to deny accreditation or preaccreditation;
3. A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or preaccreditation; or
4. Probation or an equivalent status imposed by a recognized agency.
This documentation must be provided to the Secretary, within 30 days of its action, a thorough and reasonable explanation, consistent with its standards, as to why the action of the other body does not preclude the agency's grant of accreditation or preaccreditation.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

In the April 1, 2021 submission, the agency previously described the various checkpoints at which peer evaluators, Commissioners and staff determine whether the institution is in good standing with state, federal, accreditor or other appropriate agency requirements. The agency reviews and verifies the institution's standing with the state and other accreditors through the pre-applicant minimum requirements report, institutional federal compliance report, and substantive change request forms. As part of ongoing monitoring activities, the agency monitors the actions of other accrediting agencies and the state and will request out of cycle supplemental information reports to determine if it should also take adverse action or place the institution on probation or show cause.

The Commission revised its Communication in the Accreditation Process Procedures, effective October 1, 2022 (01-Communication-Procedures-Oct-1-2022, Section VI.E., Page 7) to state: In accordance with federal regulation 34 CFR § 602.28(c), if the Commission grants candidate for accreditation status or initial accreditation or reaffirms the accreditation of an institution subject to the conditions in 1-4 below, the Commission will provide to the United States Secretary of Education within 30 days of its action, a thorough and reasonable explanation, consistent with its standards, why the action of the other body does not preclude the Commission’s action. (1) A pending or final action brought by a State agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education in the State; (2) A decision by a recognized agency to deny accreditation or preaccreditation; (3) A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or preaccreditation; or (4) Probation or an equivalent status imposed by a recognized agency.

The Commission has not knowingly granted candidate for accreditation or status or accreditation to an institution with a negative action or in poor standing with another state agency, recognized accrediting agency, or quality assurance agency and has therefore not had the occasion to report to the Secretary in accordance with 602.28(c).

Analyst Worksheet - Response
Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Response

The agency has discussed that it has revised its Communication in the Accreditation Process Procedures (effective October 2022) to include language consistent with this criterion. The revised policy states, “[in] accordance with federal regulation 34 CFR § 602.28(c), if the Commission grants candidate for accreditation status or initial accreditation or reaffirms the accreditation of an institution subject to the conditions in 1-4 below, the Commission will provide to the United States Secretary of Education within 30 days of its action, a thorough and reasonable explanation, consistent with its standards, why the action of the other body does not preclude the Commission’s action. (1) A pending or final action brought by a State agency to suspend, revoke, withdraw, or terminate the institution’s legal authority to provide postsecondary education in the State; (2) A decision by a recognized agency to deny accreditation or preaccreditation; (3) A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution’s accreditation or preaccreditation; or (4) Probation or an equivalent status imposed by a recognized agency (Ex. 01).”

This revised policy satisfies previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.28 (d)
Description of Criteria

(d) If the agency learns that an institution it accredits or preaccredits, or an institution that offers a program it accredits or preaccredits, is the subject of an adverse action by another recognized accrediting agency or has been placed on probation or an equivalent status by another recognized agency, the agency must promptly review its accreditation or preaccreditation of the institution or program to determine if it should also take adverse action or place the institution or program on probation or show cause.

Narrative:
As described in response to 602.19, the Commission monitors institutions throughout the accreditation cycle and may request an Out of Cycle Supplemental Information Report (SIR) at any time it obtains substantiated information that suggests the institution has conducted activities that have generated public concern or if the Commission has concerns about the institution’s ongoing compliance with the Commission’s requirements of affiliation, standards, policies and procedures, and applicable federal regulatory requirements. Out of Cycle SIRs are reviewed by the Committee on Follow-Up Activities to
determine whether any further action should be taken by the Commission in accordance with the Accreditation Actions Policy and Procedures. The Commission follows its Guidance for Issuance of Out-of-Cycle Supplemental Information Report (SIR) Requests which requires an SIR if a U.S. Secretary of Education-recognized accrediting agency, state agency, or federal agency takes an action of non-compliance on a MSCHE member institution (Exhibit PP – Guidance_Issuance of SIR, see 2.)

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Analyst Worksheet- Narrative
Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide policy documentation of its policy specifically related to an institution that is subject to an adverse action by another recognized accrediting agency.

Analyst Remarks to Narrative:
The agency attests that its Out of Cycle Supplemental Information Report allow the agency to request additional information (as needed) and if a recognized accrediting agency, state agency, or Federal agency takes an action of non-compliance on a member institution; however, the agency did not provide the policy for this criterion. The agency references page 2 of Exhibit PP – Guidance Issuance of SIR, but the document attached does not include a second page and Department staff are unable to verify the agency’s compliance with respect to its accreditation or preaccreditation review of an institution to determine if it should also take adverse action or place the institution on probation or show cause in accordance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

The agency’s policy which demonstrates its compliance with this criterion is the Accreditation Review Cycle and Monitoring Procedures (01-602.28b_Accreditation-Review-Cycle-Procedures-Oct-1-2022, Page 14 and Appendix A, Page 18). Those procedures state that while the agency has established a continuous accreditation review cycle, the agency reserves the right to conduct reviews or visits outside of regularly scheduled accreditation activities or request information at any time. As described under criterion 602.23(g), the agency revised the Accreditation Review Cycle and Monitoring Procedures, effective October 1, 2022, intending to clarify the process for reviewing out of cycle supplemental information reports (SIRs) (01-602.28b-Accreditation-Review-Cycle-Procedures-Oct-1-2022, Page 14). The revisions also incorporated the guidance for the issuance of out of cycle SIRs or requests for information into one document. See Appendix A: Guidance for Issuance of Out-of-Cycle Supplemental Information Reports (SIRs) or Requests for Information, Pages 18-19. One of the circumstances for which the agency will request an out of cycle SIR is if the agency learns that an accredited or candidate institution is the subject of an adverse action by another recognized accrediting agency or has been placed on probation or an equivalent status by another recognized agency, the agency will promptly review the accreditation or preaccreditation of the institution to determine if it should also take adverse action or place the institution or program on probation or show cause. The agency applies this procedure as part of its ongoing monitoring activities.

In implementing the procedure, the agency conducts timely review of the accreditation actions by other accreditors. If the action is a pending or final action by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution’s accreditation or candidate for accreditation status (preaccreditation), or the institution is placed on probation or an equivalent status, the agency staff will request that the institution submit an out of cycle Supplemental Information Report (SIR). The institution’s report must include a copy of the other accreditor’s findings and reason for action. The SIR is reviewed by agency staff and can be forwarded to the Committee on Follow-Up Activities or to the Executive Committee if more immediate action is necessary. The review process includes consideration of whether the negative action issued by another agency signals a potential violation of any standards for accreditation, requirements of affiliation, policies and procedures, or applicable federal regulatory requirements. The action might require the institution to submit a subsequent SIR and/or direct a follow-up team visit to the institution if necessary to verify its compliance with MSCHE standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory
requirements. If the agency determines that the institution does not appear to be in compliance with the agency’s standards, the agency may take a non-compliance action in accordance with its policy and procedures for accreditation actions. The agency provides four examples of reviews conducted because of non-compliance or adverse actions taken by other accreditors. Three examples from the file review are being provided again along with a new sample to further illustrate the agency’s continued compliance (02-a-602.28d-Excelsior_SIR Request-ACEN-May-12-2020; 02-b-602.28d_Excelsior-Action; 03-a-602.28d_Lehman-College_SIR Request-CCNE; 03-b-602.28d_Lehman-College_Action; 04-a-602.28d_Stony-Brook-SIR Request-CAPTE; 04-b-602.28d_Stony-Brook_Action; 05-a-602.28d-UAGM-Gurabo-SIR Request-CCNE; 05-b-602.28d_UAGM-Gurabo-Action.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

The agency provided narrative, and documentation of its revised policy (effective October 2022) related to institutions that is subject of an adverse action by another accrediting agency. The policy provides that “[t]he Commission learns that a candidate or accredited institution is the subject of an adverse action by another recognized accrediting agency or has been placed on probation or an equivalent status by another recognized agency (34 CFR § 602.28(d)). The Commission will promptly review the accreditation or candidate for accreditation status (preaccreditation) of the institution to determine if it should also take adverse action or place the institution or program on probation or show cause” (Ex. 01-602.28d).

This revised policy satisfies previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.28(e)
Description of Criteria

(e) The agency must, upon request, share with other appropriate recognized accrediting agencies and recognized State approval agencies information about the accreditation or preaccreditation status of an institution or program and any adverse actions it has taken against an accredited or preaccredited institution or program.
Narrative:
The Commission communicates all of its accreditation actions in accordance with its Communications in the Accreditation Process Policy and Procedures. The Commission reserves the right to communicate with other quality assurance agencies in order to share or obtain information necessary for the accreditation decision-making process so long as the Commission’s antitrust laws and regulations are followed (Exhibit PP — Antitrust Compliance Policy, Exhibit PP — Antitrust Compliance Procedures_Certification). Upon request, the Commission shares information with other appropriate recognized accrediting agencies and recognized State approval agencies about the accreditation or candidate for accreditation status of an institution or program and any adverse actions it has taken against an accredited or Candidate institution (Exhibit PP — Communications Policy; Exhibit PP — Communications Procedures, see Section VI.B. and E).

Document(s) for this Section

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<th>Exhibit Title</th>
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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

According to the agency’s Communication Procedures the Commission will, upon request, share with other appropriate recognized accrediting agencies and recognized State approval agencies information about the accreditation or candidate for accreditation status of an institution or program and any adverse actions it has taken against an accredited or Candidate institution as long at the sharing of information does not infringe upon the agency’s Antitrust Compliance Policy. The Antitrust Compliance Policy requires Commission representatives to exercise independent judgment regarding competitive matters. (Ex. PP Communication Procedure, Ex. PP Antitrust Compliance Procedures)

List of Document(s) Uploaded by Analyst - Narrative

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3rd Party Written Comments

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Staff Analysis of 3rd Party Written Comments
Department staff received 8 third-party comments regarding Middle States Commission on Higher Education (MSCHE), in support of this agency. Some of the comments are from individuals at institutions accredited by MSCHE, with over half of those serving in a volunteer capacity with the agency. The roles of those commenters range from faculty, vice presidents, provosts, and presidents.

The comments in support of MSCHE included support for the agency's individualized and robust review of institutions, extensive training for peer evaluators, and resources available to member institutions. The commenters appreciated the professionalism, support and effective communication from agency staff and volunteers. Many of the commenters remarked on the consistent high standards of MSCHE to ensure the quality of education provided by accredited institutions. One of the commenters even tied their supportive comments to specific sections of the Secretary's Criteria for Recognition including CFR §§ 602.15, 602.16, 602.19, 602.20, and 602.25.

Another comment expressed overall support of MSCHE, but also offered suggestions for improvement – particularly in regard to the amount of time required for continual assessment. The comment from an institutional representative stressed the time commitment required during the review process and that there was repetitive and overlapping information submitted for agency Standards and the Requirements for Affiliation.

In addition to positive comments, the Department received comments on the opposite end of the spectrum. One commenter stated that the Department's solicitation of written third-party comments occurred in a vacuum, as the agency's petition/compliance report or related materials were not made available to the public. The commenter stated that if the agency was in compliance with the
requirements of 34 C.F.R. § 602.31(f), then there should be no reason that the agency’s petition/compliance report or related materials could not be made available to the public. Since the information and documentation could not be provided, the commenter concluded that the agency must be out-of-compliance with 34 C.F.R. § 602.31(f). This conclusion does not take into account the Department’s role in processing and decision-making on requests for public disclosure of agency materials, as described in 34 C.F.R. § 602.31(f)(1). In addition, the Department’s solicitation of written third-party comments sought comment on the agency’s compliance with the criteria in question pursuant to 34 C.F.R. §§ 602.32(c) and (l), not on the agency’s petition/compliance report or related materials. The purpose of the call for written third-party comment is to allow anyone who has any knowledge of an agency undergoing a recognition review by the Department and the agency’s compliance or non-compliance with Departmental regulations to provide that information and/or documentation so that Department staff can utilize it in the comprehensive analysis of the agency.

Two comments are related to the use of specific outcomes to determine success with respect to student achievement. Pursuant to 34 C.F.R. § 602.16(a)(1), an agency must have standards that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the educational training provided by the institutions and programs it accredits. An agency meets this requirement by setting forth clear expectations in its standards for the institutions or programs it accredits to demonstrate, among other things, success with respect to student achievement, which may or may not include specific outcomes. However, the Department is specifically limited by the Higher Education Act of 1965, as amended, at § 496(g), 20 U.S.C. § 1099b(g), from establishing “any criteria that specifies, defines, or prescribes the standards that accrediting agencies or associations shall use to assess any institution’s success with respect to student achievement.” Therefore, the Department is prohibited from requiring an agency to use any specific outcome metrics to assess an institution’s/program’s success with respect to student achievement.

One comment included a complaint with respect to an institution’s transition to a non-profit entity. The comment raised questions about MSECHE’s substantive change process, supplemental information report, and the agency’s ability to ensure public disclosure of facts surrounding the transition, quality of education, and transparency to the student population. Department staff noted this comment in Approval of Substantive Changes CFE § 602.22(a)(1)(i).

One comment included a complaint about an institution accredited by the agency. It is unclear based on the comment if the complainant utilized the agency’s complaint policy and procedures prior to submitting this comment to the Department. The Department does not typically commence an inquiry of an agency based on a complaint unless and until a complainant exhausts the agency’s published complaint procedures. Nevertheless, the agency may respond to the complaint in its response to the draft staff analysis.

One comment noted whistleblower allegations related to individual institutions accredited by the agency outside of the current recognition period. The scope of the Department staff’s review focuses on the agency’s compliance with the Secretary’s Criteria for Recognition since the last recognition decision dated May 9, 2018, to include a review of the agency’s monitoring and enforcement activities. Accordingly, the agency’s response to the draft staff analysis should address any monitoring and/or enforcement activities that the agency has undertaken since the last recognition period with regard to any of the issues identified in the comments and should explain what steps it has taken (and is currently taking) to monitor and address the types of issues identified in the comments.
Response to 3rd Party Comments
The agency appreciates receiving Third-Party Comments with respect to its recognition process. The agency notes that in January of 2022 it shared the call for written third-party comments issued by the Accreditation Group of the U.S. Department of Education’s Office of Postsecondary Education as part of the renewal of recognition process in an effort to encourage greater participation in the process. Exhibit 00 MSCHE Third Party Comment Narrative Response and Exhibit Additional Third-Party Comments provides the full response addressing all of the third-party comments. Due to space limitations, the agency is placing only a portion of its response here.

The third-party comment from Alison E. Vogelaar:
The agency appreciates the concerns expressed relating to the agency’s evaluation of quality pertaining to one institution as well as the agency’s complaints process. The agency notes that it is unclear by the commenter what standards, requirements, policies or procedures, or federal regulations may be at issue with the institution identified. The institution’s Statement of Accreditation Status is available at the agency’s website, which shows that while the institution has been accredited since 1975, the agency has monitored the institution and required reporting as necessary. The commenter also shared concerns about the complaints process in that anonymous complaints are not accepted by the agency. The agency has detailed its complaints process in 602.16(a). In order for institutions to be in a position to respond to third-party comments or complaints, the agency does not accept anonymous complaints and follows its established policy and procedures in managing complaints.

The third-party comment from Robert Shireman, member of NACIQI:
The agency appreciates the concerns expressed relating to the agency’s compliance with 602.31(f). The agency was made aware of a potential FOIA request in early-January of 2022; however, no additional information or formal request was made to the agency. The agency has complied with 602.31(f). Without additional information relating to the FOIA request, the agency is unable to address this; however, the agency reiterates that it undertakes a redaction process prior to submission of any and all materials that are a part of its petition and the recognition process ensuring its compliance with 602.31(f).

The third-party comment from Tiara Moultrie, Fellow, The Century Foundation:
The agency appreciates the concerns expressed relating to several institutions. The concerns range from the agency’s monitoring of key indicators of student success (Standard V) to honesty and truthfulness in public relations announcements, advertisements, recruiting and admissions materials and practices, as well as in internal communications (Standard II) and to an institution’s conversion from for-profit to non-profit (08-TPC-Complex Sub-Change-Procedures-Aug-1-2022). The agency notes that all institutions are monitored as outlined in the Accreditation Review Cycle and Monitoring as described in 602.19, including those referenced by this commenter. In addition, institution conversions would be guided by the agency’s policy and procedures relating to Complex Substantive Change. The agency followed its policy and procedures to evaluate the conversion by the institution, and additional documentation has been provided in 602.22(a)(1)(i). The agency has also been proactive at attempting to determine the status of the conversion with all partners in the regulatory triad. The agency reviewed and documented receipt of written evidence of all required approvals from the United States Internal Revenue Service, the New York State Higher Education Department, the Ohio Education Department; the State Council of Higher Education for Virginia (09-TPC-Bryant-Stratton-Required-Approvals-Documentation). On April 5, 2022, the agency requested a status update from the Department regarding this transaction (10-TPC-MSCHE-Letter-USDE-Bryant-Stratton-Apr-5-2022). The agency received the Department’s Post-Acquisition Determination Letter on August 12, 2022, confirming the completion of its review and documenting its decision that Bryant & Stratton provided evidence that it meets the Department’s requirements to access title IV as a non-profit
institution (11-TPC-Bryant-Stratton Post-Acquisition-Determination-Letter-Aug-12-2022). Since receipt of the Department's Letter, the agency has issued a request for a supplemental information report to monitor the conditions required by the United States Department of Education (12-TPC-Bryant-Stratton Request SIR-TitleIVConditions-Sep-30-2022). Reported within 602.22(a)(1)(i) are also ways that the agency has improved upon the Complex Substantive Change policy, procedures, and forms. The third-party comment from Barmak Nassirian, Veterans Education Success: The agency appreciates the concerns relating to one of its institutions. The agency notes that it has a complaints process that is available to students. With limited information, the agency is unable to verify the student filed a complaint with the agency; however, a search of our records using that student name provided did not reveal one. With limited information, the agency is unable to verify if the employee pursued a complaint with the agency; however, a search of our records did not reveal one. Regarding other concerns noted by the commenter, the agency has described its holistic cycle of accreditation, which includes regular review and monitoring through a number of processes. The agency continues to hold expectations for institutions to promote affordability, enable students to understand and make informed decisions about incurring cost, and comply with disclosure requirements across and throughout its standards, requirements, and policies and procedures. This has been reported in several areas of the agency's petition. This commenter raised an issue with "...706 programs that produced graduates the majority of whom earn less than high school graduates with no college coursework." The agency notes that it has reviewed the data sources provided by the commenter and found that the variables have changed making comparisons year-to-year more difficult. The agency's analysis using more recent data, as a result, shows slightly higher earnings than what is included in the study referenced. The agency also discovered that 74% of the programs at its accredited institutions were excluded from the analysis due to missing earnings data or net price data. The agency notes that all institutions are monitored as outlined in the Accreditation Review Cycle and Monitoring Policy and Procedures (04-TPC-Exhibit PP – Accreditation Review Cycle Policy and 05-TPC-Accreditation Review Cycle Procedures-Oct-1-2022) as described in 602.19, including those referenced by this commenter. In addition, institution conversions would be guided by the agency's policy and procedures relating to Complex Substantive Change (08-TPC-Complex-Sub-Change-Procedures-Aug-1-2022). The agency followed its policy and procedures to evaluate the conversion by the institution, and additional documentation has been provided in 602.22(a)(1)(i). The agency refers to the fuller response already provided to another commenter. The third-party comment representing 16 constituents, including two constituents already listed above with comments for the same institution: The agency appreciates the concerns relating to one of its institutions and refers to commenters 8 and 9 for the agency's response and additional details. In addition, exhibits are contained in the e-recognition portal that address the monitoring and/or enforcement activities that the agency has undertaken since its last recognition period.

### Document(s) Uploaded in response to 3rd Party Comments

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**3rd Party Request for Oral Presentation**

There are no oral comments uploaded for this Agency.
In response to the Board’s Compliance Report, NACIQI staff requested that the Board clarify its plan to conduct in-person verification visits of the virtually evaluated nursing programs.

Since calendar year 2020 (inclusive), in accordance with the temporary flexibilities approved by the USDOE, the Board has conducted virtual full cycle site visits at thirteen (13) nursing education programs:

- Stevenson University
- Notre Dame of Maryland University
- University of Maryland
- Wor-Wic Community College
- Cecil Community College
- Coppin State University
- Harford Community College
- Prince George’s Community College
- Anne Arundel Community College
- Allegany College
- Baltimore City Community College
- Bowie State University
- Washington Adventist University

Due to the restrictions and precautions related to the ongoing federal COVID-19 Public Health Emergency, as of date, the Board has conducted a total of two (2) in-person verification visits at the following nursing education programs:

Allegany College – in-person full cycle site visit conducted on September 7-10, 2021