

## Accreditation Review Cycle and Monitoring Procedures

*Effective Date: July 1, 2023*

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#### **I. Purpose**

The Mid-Atlantic Region Commission on Higher Education (MARCHE), doing business as the Middle States Commission on Higher Education (MSCHE or the Commission), seeks to ensure that institutions are reevaluated and monitored on a regular and consistent basis. The purpose of these procedures is to implement the Commission's *Accreditation Review Cycle and Monitoring Policy* and describe the procedures for each component of the accreditation review cycle and ongoing monitoring activities. Additional information about the range of accreditation activities conducted by the Commission including reviews or proceedings and any related reports and visits can be found in *Accreditation Activities Guidelines*.

#### **II. Self-Study Evaluation and On-Site Evaluation Visit**

The institution will conduct a Self-Study Evaluation in accordance with the assigned accreditation review cycle. Self-study will require that the institution engage in an in-depth, comprehensive, and reflective assessment process to assess the institution's educational quality and success in meeting its mission, as well as identify institutional priorities and opportunities for improvement and innovation. Through an inclusive process, the institution must provide evidence and document compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements.

- A. The institution will begin preparing for the self-study evaluation by participating in the Self-Study Institute (SSI), approximately two years prior to the On-Site Evaluation Visit. SSI is a mandatory training on the self-study process.
  1. The Commission will send an invitation to the institution.
  2. The Commission will invoice the institution for SSI in accordance with the *Dues and Fees Policy and Procedures*.
- B. The Commission will request that the institution report the names of two individuals who will serve as Self-Study Co-Chairs as designated key contacts in the secure MSCHE portal. Designated key contacts have permission to upload documents to the secure MSCHE portal.

- C. Prior to the Self-Study Preparation Visit, the Self-Study Co-Chairs will schedule a conference call or video meeting with the Commission staff liaison who will provide supplemental training and guidance to the institution. During this phone/video conference, the institution should be prepared to discuss its initial thoughts about the approach to self-study, the intended outcomes, and the institutional priorities. Also, during this call, the timing and logistics of the Self-Study Preparation Visit will be discussed.
- D. The institution will draft a Self-Study Design using the Self-Study Design Template which is available in the [Self-Study Guide](https://www.msche.org/accreditation/self-study-guide/) available at <https://www.msche.org/accreditation/self-study-guide/>.
1. The Self-Study Design will communicate important information to three audiences: institutional constituencies, the Commission staff liaison, and the Team Chair.
  2. The Self-Study Design will serve as a guide for the self-study process and assist the Steering Committee and Working Groups with conceptualizing and organizing relevant tasks.
  3. The Self-Study Design will be reviewed by the Commission staff liaison as it is developed and revised until it is accepted.
- E. The institution will submit a well-developed Self-Study Design draft to the Commission staff liaison at least two weeks prior to the Self-Study Preparation Visit.
- F. The institution will host a Self-Study Preparation Visit from the Commission staff liaison approximately two years in advance of the self-study. The purpose of the visit is to learn more about the current status of the institution, discuss the institutional priorities identified by the institution and find the most appropriate means of addressing them through the self-study process; acquaint those who will have crucial roles in the self-study with the Commission's expectations and available resources; discuss and offer feedback on the institution's draft Self-Study Design; and otherwise assist with the institution's preparations for self-study and peer review.
1. The Commission staff liaison will meet with institutional constituencies including the Chief Executive Officer (CEO)/President, steering committee, members of the governing board, faculty, staff, and students. A sample agenda is provided in the Self-Study Guide available at <https://www.msche.org/accreditation/self-study-guide/>.
  2. The Commission staff liaison will prepare feedback, including final guidance and advice regarding the Self-Study Design. If the Self-Study Design requires revision, the Commission staff liaison will provide written feedback, request a revised Self-Study Design, and establish a due date.
- G. The institution will submit a final Self-Study Design, which must be accepted by the Commission staff liaison. The Commission staff liaison will send a letter of acceptance to the CEO/President of the institution.

- H. The institution will engage in self-study in accordance with the timeline established in the Self-Study Design.
- I. The institution may access the Evidence Inventory in the secure MSCHE portal and begin compiling evidence to document compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements.
  - 1. The institution must submit accreditation materials in English.
  - 2. The institution will compile accreditation materials in a secure and confidential manner in accordance with applicable laws and regulations.
    - a. The institution will submit only those documents which are required for review or as requested by the Commission.
    - b. The institution will omit personally identifiable and other sensitive personal information in submissions. If documents are considered pertinent and necessary for the review, the institution will redact personally identifiable information prior to submission.
    - c. The institution may designate business information within its submissions that it believes would be exempt from public disclosure under applicable federal and state public records laws and regulations.
- J. The Commission staff will assign a team of peer evaluators in accordance with the *Peer Evaluators Policy and Procedures*.
  - 1. Peer evaluators selected for Self-Study Evaluation have appropriate qualifications, relevant experience or expertise, and training to review the institution's specific programming and methods of delivery. The Commission shall take into consideration peer institutions and characteristics of peer evaluators identified by the institution in the Self-Study Design.
  - 2. The Commission will assign a Team Chair who is responsible for leading the team of peer evaluators, communicating with the institution and the Commission staff, finalizing and uploading reports to the secure MSCHE portal, and participating in the next level of accreditation decision-making. The Team Chair will work with the institution to schedule the on-site evaluation visit.
  - 3. Once the on-site evaluation visit is scheduled, the Commission will assign the remaining team members.
  - 4. The Commission may assign a Vice Chair to assist the Chair with coordinating logistics, writing the team report, and mentoring new team members.
  - 5. Each peer evaluator must complete or update an Evaluator Data Form (EDF), disclose any conflicts of interest and verify they have no conflict of interest with the specific assignment, agree to the *Statement of Ethical Conduct*, and complete the *Antitrust Certification of Compliance*, in order to serve.
  - 6. The institution will have the opportunity to affirm that there is no conflict of interest with the proposed roster through the secure MSCHE portal.
  - 7. The Commission will reassign a peer evaluator if a conflict of interest is identified in accordance with Commission policy and procedures.

- K. The institution will host a Chair's Preliminary Visit from the Team Chair. The purpose of the visit is to ensure that the institution is ready to host the on-site evaluation visit and to determine if the draft Self Study Report is adequate to support the work of the team.
1. The Team Chair will conduct the visit to the institution's main campus (as applicable) approximately four-to-six months prior to the On-Site Evaluation Visit.
  2. The Team Chair will schedule this visit with the institution's CEO/President, make travel arrangements, and handle some logistics with the institution. The Team Chair will notify the Commission staff of the date of the visit.
  3. At the conclusion of the visit, the Team Chair will submit a Travel and Expense Report in the secure MSCHE portal.
- L. At least one year in advance of the scheduled on-site visit, the institution will formally notify all institutional constituencies, including the general public, that the Commission makes available the opportunity to submit Third Party Comments regarding the institution's compliance with standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements in accordance with the Commission's *Third-Party Comments for Institutions Under Review Policy*.
- M. In accordance with Commission policy and procedures and federal regulation *34 CFR § 602.22(d)*, 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.
1. The Commission will require self-study site visits to all locations designated as branch campuses.
  2. The Commission will require self-study site visits to one-third of approved domestic additional locations. At least one domestic additional location must be visited.
  3. The Commission will require self-study site visits to one-third of approved international locations. At least one international additional location must be visited.
  4. If the institution has three or less additional locations, at least one location will be visited.
  5. The purpose of these visits is to verify information about the locations and ensure ongoing compliance for locations.
  6. If the team chair needs an additional team member to accompany him or her, due to extraordinary circumstances at the specific location, approval should be sought from the Commission.
- N. The institution will upload the Self-Study Report and all supporting Evidence to the secure MSCHE portal on the due date by close of business at 4:30 p.m. The due date is no later than six weeks prior to the On-Site Evaluation Visit.
- O. Peer evaluators will review the Self Study Report and all supporting Evidence prior to the scheduled On-Site Evaluation Visit.

- P. If third-party comments were received in accordance with Commission policy and procedures, the Commission will forward them to the team for review.
- Q. Peer evaluators may request additional evidence that is required to clarify information or verify compliance prior to arriving on-site.
- R. The institution will host an On-Site Evaluation Visit by peer evaluators. During the visit, peer evaluators will clarify the information provided in the Self-Study Report and verify evidence submitted by the institution by interviewing institutional constituencies (including key administrators, governing board members, faculty, staff, students, and representatives of related entities, if applicable).
- S. Peer evaluators may request additional evidence while they are on-site as required to clarify information or verify compliance.
- T. The institution will provide all additional evidence that has been requested by peer evaluators and ensure that all documents are uploaded to the secure MSCHE portal according to established deadlines. The institution must upload all additional evidence within seven days following the On-Site Evaluation Visit to ensure that all levels of the accreditation decision-making review the same information.
- U. The Team Chair will create a list of specific documents that were requested as additional evidence and leave the list with the institution to ensure all documents are uploaded into the secure MSCHE portal.
- V. The Team Chair will document the list of additional evidence that was requested in the designated section of the Team Report.
- W. The team of peer evaluators will develop a draft Team Report that summarizes the team's findings and provides the institution with a detailed written report that clearly identifies any areas of non-compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements in accordance with federal regulation *34 CFR § 602.17(f)*.
  - 1. The team of peer evaluators will use the Team Report Template available on the Commission's website.
  - 2. If the team is unable to verify compliance or has confirmed non-compliance, the Team Report must identify the specific standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements, and must issue *requirements* describing actions the institution must take to demonstrate compliance.
  - 3. The Team Report does not include the action that the team will propose to the committee and the Commission.
- X. The Team Chair will deliver an oral exit report conveying the team's findings.

1. The institution's CEO/President is encouraged to invite all institutional constituencies to hear the oral exit report.
  2. The Team Chair will deliver the oral exit report without taking questions from the institutional representatives.
  3. The oral exit report must not differ materially from the draft Team Report and should be equally candid, honest, clear, and forthright.
  4. Under no circumstances should the oral exit report be recorded.
  5. Under no circumstances does the Team Chair or any other team member share with the institution the action that the team will propose for consideration by the Committee and the Commission.
  6. Similarly, the institution should not publicize the team's findings or imply that any particular action will be taken by the Commission. The team's findings represent only the first step in the multi-level accreditation decision-making process.
- Y. The Team Chair will share the draft Team Report with the institution's CEO/President.
- Z. The institution will review the draft team report and, within the established deadlines, notify the Team Chair only of any factual errors. The institution should not use this opportunity to attempt to influence the content of the Team Report or to suggest that the team alter the findings or the tone of the report.
- AA. The Team Chair will review the institution's corrections of fact, finalize the Team Report, and upload it to the secure MSCHE portal.
- BB. The institution may access the final Team Report in the secure MSCHE portal.
- CC. The institution will respond to the final Team Report in writing through an Institutional Response. The Institutional Response is in the form of a letter addressed to the President of the Middle States Commission on Higher Education. It is typically between 1 and 5 pages in length.
1. The institution will develop an Institutional Response that is brief, thoughtful, and analytical. 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.
  6. The Commission must receive the Institutional Response by the established due date.

- DD. The Team Chair will review and consider the Institutional Response and then prepare the *Team Chair's Confidential Brief* available on the Commission's website.
1. The brief will summarize the Team Report and include major findings; it cannot substantively alter the content or tone of the Team Report.
  2. The brief also will propose an accreditation action in accordance with the Commission's *Accreditation Actions Policy and Procedures*.
  3. The proposed accreditation action is forwarded for consideration by the committee, the next level of accreditation decision-making.
  4. The Team Chair does not share the proposed accreditation action with the institution.
  5. The Team Chair will upload the brief directly to the secure MSCHE portal. The brief is not made available to the institution.
- EE. The Team Chair will participate in the next level of accreditation decision-making at the committee meeting. The Team Chair will receive more information from the Commission staff about this role.
- FF. The Commission, through its multi-level accreditation decision-making process, will analyze all of the accreditation materials and any other appropriate and substantiated information available to it.
- GG. The Commission will take an accreditation action in accordance with its *Accreditation Actions Policy and Procedures*.
- HH. The Commission will provide notification of accreditation actions in accordance with *Communication in the Accreditation Process Policy and Procedures* and federal regulation 34 CFR § 602.26.

### **III. Ongoing Monitoring Activities**

While the Commission has established a continuous accreditation review cycle, the Commission reserves the right to conduct reviews or visits outside of regularly scheduled accreditation activities or request information to verify compliance at any time. The Commission will conduct ongoing monitoring activities and reevaluate institutions regularly to identify any concerns or problems with the institution's ongoing compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements in accordance with Commission policies and procedures and federal regulation 34 CFR § 602.19(a) and (b).

The Commission will employ 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).

#### **A. Annual Institutional Update (AIU)**

The Annual Institutional Update (AIU) is one of the approaches used by the Commission to conduct ongoing monitoring. The Commission will conduct an annual data collection process to collect and monitor key data indicators including but not limited to enrollment, financial information, and measures of student achievement in accordance with federal regulation 34 CFR § 602.19(b). The purpose of the AIU is to identify any concerns with an institution's compliance with the standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements through an analysis of key data indicators. The data submitted in the AIU are aggregated into trends for use in other accreditation activities and ongoing monitoring. The Commission may collect supplemental information as necessary in the AIU.

1. The Commission will notify institutions about the Annual Institutional Update (AIU) and provide instructions for completion.
2. The Commission will identify key data indicators and establish metrics for identifying any concerns with the institution's compliance. The Annual Institutional Update (AIU) indicators and metrics are published on the Commission's website.
3. The Executive Committee of the Commission will review the indicators and metrics on a regular basis to ensure validity and reliability.
4. The Commission will collect head-count enrollment on an annual basis in accordance with federal regulation 34 CFR § 602.19(c).
5. The Commission will post updated data dictionaries which explain the data elements and identify the source of data on its website.
6. Institutions will complete the Annual Institutional Update (AIU) on an annual basis.
  - a. Institutions that submit data to the Integrated Postsecondary Education Data System (IPEDS) will review pre-populated data for accuracy. The institution must contact IPEDS to update or change IPEDS data.
  - b. Institutions that do not submit IPEDS data will enter relevant data.
  - c. Institutions will upload required documents.
  - d. Institutions may upload up to three additional student achievement uploads.
    - i. Each additional document must provide data not narrative (e.g., Voluntary Framework for Accountability (VFA), National Survey of Student Engagement (NSSE), licensure exam pass rate reports, graduate student surveys, career placement rates, etc.).
    - ii. Each additional document must be no longer than 30 pages in length.
    - iii. If an institution is graduate-only, does not serve first-time, full-time students, or does not report to IPEDS, at least one additional student achievement upload is required.
7. The institution will review and verify data about the scope of accreditation in the secure MSCHE portal during the AIU or whenever changes occur. Institutions are responsible for ensuring accurate information.
  - a. Institutional data are used to convey information to the public about the institution's scope of accreditation.
  - b. The institutions will review and update data on other geographic locations in the portal in accordance with the *Substantive Change Policy and Procedures*.
  - c. The institution will review and update key contact data in the portal in accordance

with the *Communication in the Accreditation Process Policy and Procedures*.

8. A designated individual from the institution will certify that the data have been reviewed and are accurate.
9. The Commission staff will monitor the data collected in the AIU on at least an annual basis.
10. The Commission staff will monitor data received by the Commission from external sources.
11. The data are used in other accreditation activities, ongoing monitoring, and for the calculation of dues and fees.
12. The Commission staff will request additional information from the institution in the form of a supplemental information report (SIR) or request for information including but not limited to the following circumstances:
  - a. An institution reports data that suggest serious concerns in the indicators and metrics selected by the Commission. The Annual Institutional Update (AIU) Indicators and Metrics are posted on the Commission's website
  - b. 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) in accordance with federal regulation 34 CFR § 602.19(c) and (d);
    - 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 Commission staff may also direct a follow-up visit.
    - iv. For institutions which offer programs via distance education or correspondence education, the Commission 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 Commission will inform the institution of such notification to the USDE.

## **B. Recommendation Responses**

Recommendation Responses are a mechanism for ongoing monitoring. The Commission will request that the institution respond to Commission recommendations in a Commission action. The Commission action language will stipulate when the first response should be submitted and the recommendations the institution should address. The institution will provide further evidence in the form of a brief narrative response related to each recommendation in conjunction with the AIU each year.

1. The institution will describe evidence and actions the institution has taken or plans to take related to the identified recommendations and corresponding standard(s). The response may focus on accomplishments and outcomes, action plans, benchmarks, assessment results, and/or data trends.
  - a. The response is limited to 1-3 paragraphs (1000 words/6000 characters maximum) for each Commission recommendation referenced in the action.

- b. It is not possible to upload documents or attachments or include hyperlinks with the submission of the recommendation responses.
2. The annual responses are intended to be iterative and the institution will need to demonstrate sufficient progress by the time the compilation of updates is reviewed by peers during accreditation activities.
3. The Commission staff will review recommendations responses collected in the AIU.
  - a. It is the responsibility of the institution to demonstrate progress.
  - b. If the institution does not demonstrate sufficient progress, the Commission may require that the institution continue providing responses in conjunction with the AIU or submit a supplemental information report (SIR).

### **C. Follow-Up Reports and Visits**

Follow-up reports and visits are a mechanism for ongoing monitoring. The Commission may request written follow-up reports and evidence and direct follow-up visits at any time.

1. The Commission will request follow-up reports in a Commission action in accordance with the *Accreditation Actions Policy and Procedures*.
2. The action will specify the due date and which Commission standards for accreditation, requirements of affiliation, policies and procedures, or applicable federal regulatory requirements must be addressed.
3. The institution may be asked to prepare one or more follow-up reports on a schedule set by the Commission until the institution demonstrates compliance or addresses the Commission's concerns.
4. The institution will follow all instructions provided by the Commission staff and as indicated in *Follow-Up Reports and Visits Procedures* and *Follow-Up Reports and Visits Guidelines*.

### **D. Out of Cycle Supplemental Information Reports (SIRs) (Requests for Information)**

Out of cycle supplemental information reports (SIRs) (requests for information) are a mechanism for ongoing monitoring. The Commission may make a request for information at any time if it has information that suggests the institution has conducted activities that have generated public concern or such activities raise concerns about the institution's ongoing compliance with Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements. The circumstances when the agency will request an out of cycle SIR are outlined in *Appendix A: Guidance for Issuance of Out-of-Cycle Supplemental Information Reports (SIRs) (Requests for Information)*.

1. The Commission will first request information from the institution to substantiate any information received from external sources or materials and data collected as part of ongoing monitoring activities.
2. The institution must provide a written response and evidence to address the Commission's concerns, provide any documentation that may be relevant to substantiate or correct the information the Commission has received, and describe any actions planned or taken by the institution to ensure ongoing compliance.
3. The Commission, through its multi-level accreditation decision-making process, will analyze all of the accreditation materials and any appropriate and substantiated

- information available to it. All out of cycle SIRs are reviewed by the Commission staff liaison and reported to the Executive Committee.
4. The Commission may direct a follow-up team visit after the submission of the report if on-site review and verification is required to confirm the institution's compliance.
    - a. The purpose of the visit is to verify the information provided in the SIR and determine if the institution appears to demonstrate ongoing compliance.
    - b. The visit is conducted by peer evaluators. The Commission staff liaison may accompany the team of peer evaluators during the visit.
  5. The Commission will take an action in accordance with the *Accreditation Actions Policy and Procedures*.
    - a. If the SIR and evidence demonstrate that the institution is in compliance, the Commission will acknowledge receipt of the report.
    - b. If any areas of non-compliance are identified and verified during the visit, the Commission will take a non-compliance action of warning, probation, or show cause and require a monitoring report and follow-up team visit or require a show cause report and show cause visit.
      - i. The Commission 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.
      - ii. A monitoring report is required for an affirming action that follows a non-compliance action.

## **V. Changes to the Accreditation Review Cycle**

The institution's assigned cycle cannot be altered except under extraordinary circumstances or in accordance with Commission policy and procedures. Only the Commission may alter the accreditation review cycle.

- A. When impacted by extraordinary circumstances, the institution may request a delay in the due date of a required accreditation activity within the institution's accreditation review cycle. Extraordinary circumstances include but are not limited to situations beyond the institution's control or any situation which may put Commission representatives at risk (natural disaster or other catastrophic event, civil or political unrest in the institution's geographic location).
  1. The institution will email the designated Commission staff liaison to request a delay and must demonstrate that extraordinary circumstances exist.
  2. The Commission will take an action in accordance with the Commission's *Accreditation Actions Policy and Procedures*, to grant or reject the request for a delay. The action will be noted in the institution's accreditation action history.
  3. If a delay is granted, the Commission will specify the revised due date not to exceed one year from the original date.
  4. If it is still not possible to conduct an appropriate review at the conclusion of the one-year delay, the Commission may grant another one-year delay, at its discretion.

5. Any delay in the due date will not alter the institution's accreditation review cycle (assigned cohort) and the institution must continue to adhere to the established schedule.
- B. The institution may make a request to voluntarily surrender its candidate for accreditation status (preaccreditation) or accreditation status and terminate its membership in the Middle States Commission on Higher Education.
1. The institution must obtain the appropriate and necessary approvals from the Commission to do so and meet certain other conditions, including the payment of any outstanding dues and fees.
  2. The institution will submit a formal Request to Voluntarily Surrender in the form of a letter addressed to the President of the Middle States Commission on Higher Education.
    - a. The request should be dated and signed by the CEO/President and Chair of the Board.
    - b. The request should briefly describe the rationale for the surrender and the anticipated date of surrender.
    - c. The request should be submitted in PDF format via email to [president@msche.org](mailto:president@msche.org).
  3. 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 (upon request by the Secretary) within 10 calendar days of the date of receipt of the notification from the institution in accordance with the Commission's *Communication in the Accreditation Process Policy and Procedures* and federal regulation 34 CFR § 602.26(f)(1).
  4. The Commission staff will acknowledge receipt of the institution's intention to voluntarily surrender and request a supplemental information report (SIR) consisting of any information needed by the Commission to terminate membership and, if applicable, a comprehensive and implementable teach-out plan and teach-out agreements submitted in accordance with the *Teach-Out Plans and Agreements Policy and Procedures* and the *Teach-out Plans and Agreements Form*.
  5. If the institution is seeking to change accreditors, the institution must have written approval from the United States Department of Education in accordance with 34 CFR § 600.11.
  6. The SIR will be reviewed by the Executive Committee or the Commission at its next regularly scheduled meeting.
  7. The Commission will accept or reject the institution's request to voluntarily surrender and establish the date that accreditation will cease.
  8. The Commission will provide notification of accreditation actions in accordance with *Communication in the Accreditation Process Policy and Procedures* and federal regulation 34 CFR § 602.26.
- C. 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 and the *Complex Substantive Change Procedures* and federal regulation 34 CFR § 602.22(h). The Commission will reassign the institution to a new accreditation cycle and will indicate the year of the next evaluation in the accreditation action.

- D. The Commission will not move an accredited institution from accredited to candidate for accreditation status (pre-accreditation) unless, following the withdrawal of accreditation, the institution applies for and is awarded candidate for accreditation status under the new application in accordance with federal regulation 34 CFR § 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).
- E. 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*.
1. The Commission will review the teach-out plan and agreements and will work with the institution to implement an orderly closure and cease accreditation.
  2. The Commission will monitor 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.

#### IV. Definitions

The following definitions are used and/or inferred in this policy and/or procedures:

- A. Accreditation activities.** All activities (including but not limited to reviews, reports, visits) conducted by Commission representatives related to the institution's accreditation phase, accreditation status, or scope of accreditation occurring throughout the accreditation review cycle and during monitoring activities for a member (accredited or candidate) or applicant institution.
- B. Accreditation materials.** 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. Accreditation materials are treated as confidential by Commission representatives, become part of the institutional record, and are retained in accordance with the Commission's Maintenance and Retention of Commission Records Policy and Procedures.
- C. Annual Institutional Update (AIU).** A mechanism for ongoing monitoring used by the Commission. Institutions submit and verify key data indicators and upload required documents on an annual basis.

- D. Recommendation responses.** A mechanism for ongoing monitoring used by the Commission. If requested by the Commission, the institution provides written responses to recommendations in conjunction with the AIU in preparation for the next Self-Study Evaluation.
- E. Teach-out.** A process during which an institution or institutional location that provides 100 percent of at least one program engages in an orderly closure or when, following the closure of an institution or location, another institution provides an opportunity for the students of the closed school to complete their program, regardless of their academic progress at the time of closure. (federal definition in 34 CFR § 600.2, slightly modified to remove the word “program”).
- F. Teach-out agreement.** A written agreement between two or more 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. (federal definition in 34 CFR § 602.3)
- G. Teach-out plan.** A written plan developed by the institution that provides for the equitable treatment of students if an institution, or an institutional location, ceases to operate before all students have completed their program of study, and may include, if required by the institution’s accrediting agency, a teach-out agreement between institutions. (federal definition in 34 CFR §602.3)

Number: P2.1

Version: 2023-07-01 EFFECTIVE

Effective Date: July 1, 2023

Previously Issued: N/A

Approved: Approved by Executive Leadership Team

Initial Approval Date: July 31, 2018 (Approved by Cabinet)

Revisions: October 1, 2020 (technical amendment); October 1, 2022 (technical amendment); July 1, 2023 (remove MPPR);

Federal Regulations: 34 CFR § 602.17(a)(1-6); §602.18(e) *Ensuring consistency in decision-making*; § 602.19 *Monitoring and reevaluation*; §602.22 *Substantive change*; § 602.23(g) *Operating procedures all agencies must have*;

Related Documents: *Accreditation Actions Policy*; *Accreditation Actions Procedures*; *Accreditation Activities Guidelines*; *Advance Notice of Non-Compliance Recommendations*; *Dues and Fees Policy*; *Dues and Fees Procedures*; *Follow-Up Reports Guidelines*; *Follow-Up Reports and Visits Procedures*; *Verification of Compliance with Accreditation-Relevant Federal Regulations*; *Maintenance and Retention of Commission Records Policy and Procedures*; *Peer Evaluators Policy*; *Peer Evaluators Procedures*; *Travel Policy*; *Travel Procedures*;

## **Appendix A**

### **Guidance for Issuance of Out-of-Cycle Supplemental Information Reports (SIRs) or Requests for Information**

The Commission will request information in the form of an out-of-cycle supplemental information request or request for information under the following circumstances:

- 1) The data submitted by the institution in the Annual Institutional Update (AIU) suggest serious or moderate concerns or any other data indicator raises concerns about the institution's ongoing compliance with Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements. pursuant to the Annual Institutional Update (AIU) indicators and metrics which are published on the Commission's website.
- 2) The institution reports significant enrollment growth which is defined as an increase of 50 percent or more in full-time enrollment (FTE), as reported in the AIU, over the prior year (34 CFR § 602.19) or the institution is experiencing rapid growth or expansion of locations (34 CFR § 602.22) which is defined as the addition of 5 or more additional locations in the current fiscal year.
- 3) 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 (34 CFR § 602.23(g)).
- 4) The institution is under investigation, either its own internal investigation or an external investigation.
- 5) The Commission has received a complaint or third-party comment regarding a member institution related to an issue that may indicate non-compliance with the Commission standards for accreditation, requirements of affiliation, policy and procedures, and applicable federal regulatory requirements.
- 6) The institution may not be meeting its title IV program responsibilities, as evidenced by the Federal Student Aid's *Final Program Review Determination*, with findings that are serious enough to warrant reporting, or the Commission has reason to believe that the institution is engaged in fraud or abuse relating to its administration of Title IV.

- 7) The 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.
- 8) The institution appears to be out of compliance with institutional membership responsibilities delineated in the MARCHE Bylaws (Article IV, Section 4.04).
- 9) The Commission has previously requested supplemental information from other institutions in similar circumstances.
- 10) A combination of circumstances or other serious circumstances that may require reporting.