



November 20, 2023

Dr. Michael Allen
Provost and Chief Academic Officer
Zayed University
Khalifa City
Abu Dhabi
United Arab Emirates

Dear Dr. Allen:

Notification of Non-Compliance Action

On behalf of the Middle States Commission on Higher Education, I am writing to inform you that on November 16, 2023, the Commission acted as follows:

To acknowledge receipt of the self-study report. To note the institution missed the deadline for submission of the self-study report and evidence. To remind the institution of its obligation to submit accreditation materials within established deadlines and in accordance with Commission policy and procedures. To note the on-site evaluation visit by the Commission's representatives to the main campus at Khalifa City, Abu Dhabi, United Arab Emirates on June 5-9, 2023. To note the following additional location was visited: P.O. Box 19282 Dubai, United Arab Emirates. To require the institution to show cause, by March 1, 2024, to demonstrate why its accreditation should not be withdrawn because of insufficient evidence that the institution is in compliance with Standard II (Ethics and Integrity); Standard VII (Governance, Leadership, and Administration); and former Requirements of Affiliation 6, 12, 13, and 14. To note that the institution remains accredited while on show cause. To note further that federal regulations limit the period during which an institution may be in non-compliance, which starts on November 16, 2023. To require a show cause report, due March 1, 2024, documenting evidence that the institution has achieved and can sustain ongoing compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements. The show cause report must include evidence that the institution has achieved and can sustain ongoing compliance with Standard II (Ethics and Integrity); Standard VII (Governance, Leadership, and Administration); and former Requirements of Affiliation 6, 12, 13, and 14, including but not limited to (1) compliance with all applicable federal, state and Commission policies and regulations (Standard II and former Requirement of Affiliation 6); (2) public disclosure of required information for students and the public (Standard II and former Requirement of Affiliation 6); (3) substantive changes affecting institutional mission, goals, programs, operations, sites, and other material issues which must be disclosed in a timely and accurate fashion (Standard II and former Requirement of Affiliation 6); (4) a commitment to academic freedom, intellectual freedom, freedom of expression, and respect for intellectual property rights (Standard II and former Requirement of Affiliation 6); (5) a grievance policy that is

documented and disseminated to address complaints or grievances raised by students, faculty or staff (Standard II and former Requirement of Affiliation 6); (6) a clearly articulated and transparent governance structure that allows the institution to realize its stated mission and goals in a way that benefits the institution, its students, and the constituencies it serves and outlines roles, responsibilities, and accountability for inclusive decision making by each constituency, including the institution's legally constituted governing body, administration, faculty, staff, and students, as well as any related entities (Standard VII and former Requirements of Affiliation 12, 13, and 14); (7) a legally constituted governing body that serves the public interest, ensures that the institution clearly states and fulfills its mission and goals, has fiduciary responsibility for the institution, and is ultimately accountable for the academic quality, integrity, planning, and fiscal wellbeing of the institution (Standard VII and former Requirements of Affiliation 12, 13, and 14); (8) a governing board that has sufficient independence and expertise to ensure the integrity of the institution and whose members have primary responsibility to the accredited institution and that does not allow political, financial, or other influences to interfere with their governing responsibilities (Standard VII); (9) the Chief Executive Officer does not serve as chairperson of the board (Standard VII); and (10) an organizational structure that is clearly documented and that clearly defines reporting relationships with skills, time, assistance, technology, and information systems expertise required to perform their duties (Standard VII) (Fourteenth Edition and Evidence Expectations by Standard Guidelines). To further request that the show cause report demonstrate further evidence of (1) student learning experiences that are designed, delivered, and assessed by appropriately credentialed professionals, sufficient in number, with a core of faculty and/or other appropriate professionals with sufficient responsibility to the institution to assure the continuity and coherence of the institution's educational programs (Standard III); (2) adequate and appropriate institutional review and approval on any student learning opportunities designed, delivered, or assessed by third-party providers, including general education (Standard III); (3) the development and implementation of organized and systematic assessments that evaluate the extent of student achievement of institutional and degree/program goals and that document the use of assessment results to improve educational effectiveness (Standard V); (4) clearly-defined decision-making processes, with clear assignment of responsibility and accountability (Standard VI); and (5) the development and implementation of organized and systematic assessments that evaluate institutional effectiveness, including the assessment of non-academic units (Standard VI). To require that the institution complete and submit for approval, by March 1, 2024, a comprehensive, implementable teach-out plan and signed teach-out agreements with appropriate teach-out partner institutions (Teach-Out Plans and Agreements Policy and Procedures). In accordance with Commission policy and federal regulations, the teach-out plan must provide for the equitable treatment of students to complete their education or transfer to another institution, if the Commission were to withdraw accreditation. To note the Commission may reject the teach-out plan and require resubmission if all of the required information is not provided. To direct an on-site show cause visit following submission of the report and the teach-out plan and teach-out agreements. The purpose of the on-site show cause visit is to verify the information provided in the show cause report and the institution's ongoing and sustainable compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements. To direct a prompt Commission liaison guidance visit to discuss the Commission's expectations. To note that the institution will be invited to appear before the Commission when it meets to consider the institution's show cause report. To

require the institution to submit a substantive change request for the initiation of a new method of delivery (distance education) that is not currently included within the institution's scope of accreditation, due by January 1, 2024 (Standard II and Substantive Change Policy and Procedures). To note that Recommendation Responses in conjunction with the AIU are no longer required. The date of the next evaluation will be determined upon reaffirmation of accreditation.

This action is a non-compliance action. An explanation of this type of action is provided in the Commission's *Accreditation Actions Policy and Procedures*. If any of the information contained within the action appears to be factually incorrect, please send an email within 60 calendar days of the date of the action to actions@msche.org.

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.

Commission policy and procedures allow for the submission of an optional institutional statement, which will be posted on the Commission's website, in response to the above non-compliance action. Any institutional statement must be on institutional letterhead, signed by an authorized representative of the institution, and submitted as a PDF document. Because the institutional statement will be posted publicly, it is important that the institutional statement address the accreditation issue and avoid issues that are not relevant to the action. Hyperlinks are not permitted to be used. The submission of an optional institutional statement must be sent to actions@msche.org within 60 calendar days from the date of the action.

The institution is invited to make a presentation to the Commission when the Commission considers the institution's show cause report. The *Show Cause Appearance Before the Commission Prior to Withdrawal of Accreditation* describes the procedures. Please note that the institution is required to inform the Commission of its intent to appear before the Commission at least fourteen (14) calendar days prior to the Commission meeting at which the adverse action will be considered. Additional communications will be sent from the Senior Vice President for Legal Affairs and General Counsel's Office relating to this process.

Pursuant to the Commission's *Public Disclosures Policy and Procedures* and federal regulation 34 CFR § 602.26(b), the institution is required to publicly disclose an accurate representation of its current accreditation phase and accreditation status with the Commission, which you will find on the institution's Statement of Accreditation Status (SAS) at the Commission's website. The institution is required to publicly disclose non-compliance and adverse actions. The Commission provides procedures and a sample statement for this disclosure in the *Public Disclosures Policy and Procedures* which must be implemented within seven calendar days of this notification where accreditation is referenced on the institution's website and wherever accreditation is referenced in publications.

It is critical for the institution to review and understand the Commission's policies and procedures which will explain the Commission's actions and the institution's accreditation status:

[Accreditation Actions Policy and Procedures](#)

[Accreditation Review Cycle and Monitoring Policy and Procedures](#)

[Communication in the Accreditation Process Policy and Procedures](#)

[Public Disclosures Policy and Procedures](#)

[Standards for Accreditation and Requirements of Affiliation](#)

[Teach-out Plans and Agreements Policy and Procedures](#)

For questions about the Commission's actions, please contact the institution's assigned Commission staff liaison. Questions from the public about the institution's accreditation phase or accreditation status can be directed to communications@msche.org. For additional information, visit www.msche.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Heather F. Perfetti", with a stylized flourish at the end.

Heather F. Perfetti, J.D., Ed.D.
President

Accreditation Actions Policy

Effective Date: July 1, 2020

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I. Purpose

The Middle States Commission on Higher Education (MSCHE or Commission) seeks to ensure fair, consistent, and equitable actions on accreditation. The purpose of this policy is to establish the authority to take action and types of actions available to the Commission.

II. Statement of Policy

The Commission, an accrediting agency recognized by the United States Department of Education and by the Council for Higher Education Accreditation, is organized “to provide educational, accrediting, quality assurance and other services to its member institutions as a voluntary, non-governmental membership association serving higher education institutions” (MARCHE Bylaws Article I, Section 2.02). The Commission shall be authorized to take any action on applicant, candidate and accredited institutions to determine the institution’s accreditation status or change the institution’s scope of accreditation in accordance with Commission policy and procedures. Such actions include any procedural actions which reflect procedure of the accreditation process or may alter the timing or schedule of the accreditation review cycle. The Commission shall also be authorized to take actions to initiate or continue on-going monitoring activities in accordance with the Commission’s *Accreditation Review Cycle and Monitoring Policy and Procedures*. The Commission and the Commission staff are authorized to take administrative actions to facilitate the work of the Commission.

The Executive Committee of the MSCHC shall be authorized to act on behalf of the Commission as necessary (MARCHE Bylaws Article VI, Section 6.02(b)).

In accordance with its *Appeals from Adverse Accrediting Actions*, the Commission shall establish an Appeal Hearing Panel to review the appeal of an adverse action. The Appeal Hearing Panel shall have limited authority to affirm, amend or remand adverse actions of the Commission under federal regulation 34 CFR § 602.25(f)(1)(iii).

If the institution contends that the decision of the Appeal Hearing Panel was arbitrary, capricious, an abuse of discretion, unsupported by substantial evidence and/or otherwise not in accordance with law, based solely upon the record on file that existed when the Appeal Hearing Panel rendered its decision, the institution may commence an arbitration pursuant to the Commission’s procedures for arbitration. Pursuant to federal law, 20 U.S.C. 1099b(e), 34 CFR § 600.4, 602.20, the institution must proceed to arbitration before initiating any other legal action.

III. Procedures

The Commission staff will develop procedures as are necessary to ensure the consistent implementation of policy. See the Commission's *Accreditation Actions Procedures*.

IV. Definitions

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

- A. Accreditation activity.** 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 status.** The member institution's standing with the Commission based on the most recent grant of candidate for accreditation status, grant of accreditation, reaffirmation, non-compliance, or adverse action taken by the Commission. Accreditation status is posted on the institution's directory listing on the MSCHE website.
- C. Arbitration.** A post-Appeal proceeding in which certain defined disputes are resolved by an Arbitrator out of court, without a judge or jury, pursuant to the appropriate rules established by the Arbitration Administrator and the Commission's procedures for arbitration.
- D. Final adverse action.** A final determination by the Commission regarding an adverse action taken against an accredited or candidate institution at the conclusion of any appeals process available to the institution under the Commission's policies and procedures. (based on a federal definition *34 CFR § 602.3*)
- E. Institutional record.** The compilation of all materials and data the Commission has on file related to the applicant, candidate, or accredited institution, including but not limited to the 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.
- F. Member institution.** All institutions that are accredited by MSCHE and all institutions that have been granted Candidate for Accreditation Status by MSCHE, that are in good standing with respect to payment of dues and fees, shall be institutional members of MSCHE. Accreditation and candidacy shall be established according to the standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements adopted by the Commission.
- G. Record on file.** A segment of the institutional record used in a Commission proceeding such as show cause appearance or appeals. It includes but is not limited to the accreditation materials for accreditation activities for the period of non-compliance

(since the first non-compliance action), any information received as part of ongoing monitoring activities, transcripts from other proceedings, and correspondence of record.

- H. Scope of accreditation.** The institution's accreditation status covers a defined scope of educational offerings, including but not limited to credential levels, delivery methods, and locations (branch campuses, additional locations, other instructional sites) which have been reviewed by the Commission during accreditation activities. Any substantive changes in the scope of accreditation made by a member institution must be reviewed through the substantive change review process prior to implementation in order to be included within the institution's scope of accreditation by the Commission.
- I. Statement of Accreditation Status (SAS).** The Commission's official public statement about each institution's current accreditation status. The SAS is a downloadable, printable statement with information about the institution, including but not limited to the institution's accreditation phase, accreditation status, scope of accreditation, and a history of the accreditation actions taken by Commission.
- J. 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 found in 34 CFR § 600.2, slightly modified to remove the word "program")*
- M. 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 100 percent of at least one program offered, ceases to operate before all enrolled students have completed their program of study. *(federal definition found in 34 CFR § 600.2)*
- N. Teach-out plan.** A written plan developed by the institution that provides for the equitable treatment of students to complete their education, including any teach-out agreements that the institution has entered into or intends to enter into with another institution. *(federal definition found in 34 CFR § 600.2)*

Number: P.2.3

Version: 2020-07-01, EFFECTIVE

Effective Date: July 1, 2020 (Substantive Revision)

Approved: Commission June 25, 2020

Previously issued: 1921, February 1984, January 1990, February 1991, and 1993.

Revisions: February 1997; February 2002; October 2002; November 2003; March 2004; January 2005; February 2007; November 2007; March 2008; January 2010 (changed Progress Letter to Progress Report); September 16, 2011; October 30, 2012; June 26, 2014; November 19, 2015; March 1, 2016; September 2018 (technical amendment); July 1, 2020 (Substantive Revision)

Relevant Documents: Accreditation Actions Procedures; Accreditation Review Cycle and Monitoring Policy; Accreditation Review Cycle and Monitoring Procedures; Accreditation Activities Guidelines; Communication in the Accreditation Process Policy and Procedures; Show Cause Appearance before the Commission Prior to Withdrawal of Accreditation; Appeals from Adverse Accrediting Actions; C-RAC Common Framework (Apr 9, 2014); Substantive Change Policy; Substantive Change Procedures; Complex Substantive Change Procedures; Teach-Out Plans and Agreements Policy and Procedures;

Accreditation Actions Procedures

Effective Date: October 1, 2022

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I. Purpose

The Mid-Atlantic Commission on Higher Education (MARCHE), doing business as the Middle States Commission on Higher Education (MSCHE or Commission), seeks to ensure fair, equitable, and consistent actions on accreditation. The purpose of these procedures is to implement the Commission's *Accreditation Actions Policy* which establishes the types of actions available to the Commission. Additional information about reviews, reports, and visits related to the application process can be found in *Accreditation Activities Guidelines*.

II. Application and Candidacy Actions

A. Determination of Eligibility to Apply (Pre-Application)

1. To acknowledge receipt of the pre-applicant minimum requirements report. To allow the institution to submit an application for candidate for accreditation status because the pre-applicant institution appears to meet the minimum requirements, appears to demonstrate the readiness to continue in the accreditation process, has provided sufficient evidence, and the institution is not otherwise disqualified from proceeding with the pre-application process based on report and evidence submitted, including the areas addressed in the *Required Disclosures and Certification Statement*.
2. To acknowledge receipt of the pre-applicant minimum requirements report. To decline to review an application because the pre-applicant institution does not appear to meet one or more of the following: (1) the institution meets the minimum eligibility requirements, (2) the institution demonstrates the readiness to continue in the accreditation process, (3) the institution has provided sufficient information, and/or (4) the institution is not otherwise disqualified from proceeding with the pre-application process based on any of the areas addressed in the *Required Disclosures and Certification Statement*.
 - a. This is not an adverse action and therefore, not subject to appeal.
 - b. After taking at least one year to review its readiness and make necessary

changes and improvements, the institution may choose to submit a new Pre-Applicant Minimum Requirements Report and Pre-Applicant Inquiry Fee after participation in the mandatory Pre-Applicant Information Session.

B. Review of Application for Candidate for Accreditation Status

1. The Commission may acknowledge receipt of the Accreditation Readiness Report (ARR) and request an updated ARR because the Commission needs further evidence that the institution can demonstrate compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements and/or the Commission needs further evidence that the institution can demonstrate the readiness to continue the accreditation process.
2. The Commission may acknowledge receipt of the Accreditation Readiness Report (ARR), invite the institution to submit a Candidate Assessment Report, and direct a Candidate Assessment Team Visit because the institution appears to demonstrate compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements and the institution appears to demonstrate the readiness to continue in the accreditation process.
 - a. The Commission staff will set a deadline by which the application must be submitted.
 - b. The Commission will request that the institution complete and submit for approval a contingency teach-out plan.
 - c. The Commission will direct a Commission liaison guidance visit to discuss the Commission's expectations.
3. To reject the ARR because the institution does not appear to demonstrate compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements and/or the institution does not appear to demonstrate the readiness to continue the accreditation process.
 - a. This is not an adverse action and therefore, not subject to appeal.
 - b. After taking at least one year to review its readiness and make necessary changes and improvements, the institution may choose to submit a new Pre-Applicant Minimum Requirements Report and Pre-Applicant Inquiry Fee after completing the mandatory Pre-Applicant Information Session.

C. Candidate Assessment

1. The Commission may Grant Candidate for Accreditation Status and invite the applicant institution to initiate its first self-study evaluation because the institution appears to meet all of the standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements.
2. The action will note that the Candidate Assessment Team Visit has occurred.
3. The action will remind the institution of its obligation to demonstrate its record of compliance with applicable federal regulatory requirements, including its program responsibilities under title IV.
4. The action will document the institution's baseline scope of candidate for accreditation status (i.e. credential levels, locations, alternative delivery methods).
5. The action may stipulate that the institution emphasize specific areas in the self-

study report.

6. The institution will conduct the self-study evaluation in accordance with the Commission's *Accreditation Review Cycle and Monitoring Policy and Procedures*.
7. The Commission will set a deadline by which the self-study evaluation and on-site evaluation visit must occur so that the decision to grant or deny accreditation is made within the five-year period of candidacy established under federal regulation *34 CFR § 602.16(a)(2)*.
8. The action will note that the institution may not be in candidacy for more than five years before the grant of accreditation in accordance with federal regulation *34 CFR § 602.16(a)(2)*.
9. The Commission will take a separate action on the contingency teach-out plan which was submitted by the candidate institution in accordance with Commission policy and procedures and federal regulation *34 CFR § 602.23(f)(1)(ii)*.

D. Initial Accreditation

1. The Commission may Grant Accreditation because the candidate institution has completed an initial self-study evaluation and appears to meet all of the standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements.
2. The action will document the institution's baseline scope of accreditation (i.e. credential levels, locations, alternative delivery methods).
3. The action may stipulate that the institution emphasize specific areas in the next self-study report.
4. The Commission may request that the institution provide brief narrative responses on the recommendations identified in the Commission action when the institution is in compliance but the Commission determines that some additional oversight is needed to ensure that the institution is attentive to Commission recommendations. The institution will submit recommendations responses in conjunction with the Annual Institutional Update (AIU) each year.
5. The institution will conduct its next Self-Study Evaluation in accordance with the *Accreditation Review Cycle and Monitoring Policy and Procedures*.
6. Upon the grant of accreditation, the Commission will apply a retroactive date of accreditation back to the date of candidacy in accordance with federal regulation *34 CFR § 602.18(b)(6)* and for the benefit of students to facilitate transfer, eligibility for licensure, and to serve other purposes. The retroactive date of accreditation is only available to institutions granted accreditation after July 1, 2020.
7. The Commission action will direct a Commission liaison guidance visit. Other staff and/or Commission representatives may accompany the Commission staff liaison or conduct the visit.

III. Reaffirmation Actions

- A. The Commission may Reaffirm Accreditation when the institution appears to meet all of the Commission standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements.
 1. The institution will conduct its next Self-Study Evaluation in accordance with its assigned accreditation review cycle as defined in *Accreditation Review Cycle and Monitoring Policy and Procedures*.

2. The action may stipulate that the institution address specific recommendations in the next self-study report. The Commission may request that the institution provide brief narrative responses on the recommendations identified in the Commission action when the institution is in compliance but the Commission determines that some additional oversight is needed to ensure that the institution is attentive to Commission recommendations. The institution will submit recommendations responses in conjunction with the Annual Institutional Update (AIU) each year.
 3. The action may reaffirm accreditation with no follow-up reporting; or
 4. The Commission may request a supplemental information report (SIR) and evidence when the institution is in compliance but the Commission determines that some additional oversight is needed and there is a need for the institution to provide evidence in addition to narrative.
 - a. The reaffirmed institution may be asked to prepare one or more written follow-up reports with evidence on a schedule set by the Commission.
 - b. 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.
 - c. The Commission may or may not direct a follow-up team visit following submission of the report.
 - d. The Commission may direct a Commission liaison guidance visit. Other staff and/or Commission representatives may accompany the Commission staff liaison or conduct the visit.
- B. The Commission may Reaffirm Accreditation following a non-compliance action when the institution has provided evidence that demonstrates that it appears to meet all of the Commission standards for accreditation, requirements of affiliation, policies and procedures, or applicable federal regulatory requirements within 36 months as allowed under federal regulation *34 CFR § 602.20(a)(2)*.
1. A monitoring report is required for an affirming action that follows a non-compliance action.
 - a. The monitoring report will be followed by a follow-up team visit for reaffirmation after probation or show cause actions.
 - b. The monitoring report may or may not be followed by a follow-up team visit for reaffirmation after warning actions.
 2. The Commission may request that the institution provide brief narrative responses on the recommendations identified in the Commission action, when the institution is in compliance but the Commission determines that some additional oversight is needed to ensure that the institution is attentive to Commission recommendations. The institution will submit recommendations responses in conjunction with the AIU each year.
 3. The Commission may stipulate that the institution address specific recommendations in the next self-study report.
 4. The institution will undergo its next Self-Study Evaluation in accordance with the accreditation review cycle as defined in *Accreditation Review Cycle and Monitoring Policy and Procedures*.

IV. Non-Compliance Actions

- A. The Commission may issue a warning or continue to warn an institution that its accreditation may be 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 but:
1. The institution appears to demonstrate the capacity to make appropriate improvements and return to compliance within 36 months as allowed under federal regulation *34 CFR § 602.20(a)(2)*; and
 2. The institution appears to demonstrate the capacity to sustain itself in the long term.
- B. The Commission may place an institution on probation or may continue probation 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 serious, extensive or substantial that it raises concern about one or more of the following:
1. The quality of the student learning experience provided by the institution;
 2. The institution's capacity to make appropriate improvements within a short period of time;
 3. The institution's capacity to sustain itself in the long term such that a teach-out plan is required; or
 4. Information collected through the Commission's monitoring activities suggests that there are serious concerns related to student achievement, viability and capacity, or financial health.
- C. The following procedures apply to both warning and probation.
1. 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 (e.g., warning need not precede probation; the next action following warning may be show cause).
 2. An institution placed on warning or probation will prepare one or more monitoring reports on a schedule set by the Commission. The schedule of reporting will be determined by the Commission and will be based on the nature and complexity of the areas of non-compliance, and the stated mission and educational objectives of the institution in accordance with federal regulation *34 CFR 602.20(a)(2)*.
 3. The monitoring report must provide evidence demonstrating that the institution appears to be in compliance with the identified standards for accreditation, requirements of affiliation, policies and procedures, or applicable federal regulatory requirements.
 4. A follow-up team visit always will follow submission of the monitoring report for a non-compliance action.
 5. The Commission action also will direct a Commission liaison guidance visit. Other staff and/or Commission representatives may accompany the Commission staff liaison or conduct the visit.
 6. The Commission may, at its discretion, direct site visit(s) to specific location(s).
 7. The Commission may, at its discretion, request a contingency teach-out plan for warning actions in accordance with the Commission's *Teach-Out Plans and Agreements Policy and Procedures*.

8. The Commission will request a contingency teach-out plan and teach-out agreements for probation actions in accordance with the Commission's *Teach-Out Plans and Agreements Policy and Procedures*.
 9. An action to continue to warn the institution or to continue probation will specify any areas of non-compliance that have been remedied, continued areas of non-compliance, and any new areas of non-compliance that are identified.
 10. If new areas of non-compliance are identified, the Commission will require a subsequent monitoring report and will direct a follow-up team visit to determine compliance.
 11. 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 as allowed under federal regulation *34 CFR § 602.20(a)(2)* unless extended for good cause as defined in section IV.G.
 12. The Commission will reaffirm accreditation after a non-compliance action only when the institution has provided evidence that the institution is in compliance with all Commission standards for accreditation, requirements of affiliation, policies and procedures, or applicable federal regulatory requirements within 36 months as allowed under federal regulation *34 CFR § 602.20(a)(2)*.
- D. The Commission will require an applicant institution to Show Cause to demonstrate why its candidate for accreditation status should not be denied if, upon completion of a candidate assessment team visit, the institution does not appear to meet the Commission's standards for accreditation, requirements of affiliation, policies and procedures, or applicable federal regulatory requirements and does not appear to demonstrate readiness to continue the accreditation process.
1. The institution may present its case to the Commission when the Commission meets to consider the institution's Show Cause in accordance with the Commission's procedures *Show Cause Appearance Before the Commission Prior to Withdrawal of Accreditation*.
 2. These procedures apply to all adverse actions.
- E. The Commission may require a candidate or accredited institution to Show Cause or Continue to Show Cause and note that the institution's candidate for accreditation status or accreditation is in jeopardy when, in the Commission's judgment, the institution does not appear to demonstrate 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 comply 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.

- F. In considering a show cause action, the Commission reserves the right to review the show cause record on file or any segment of the institutional record that it deems appropriate.
1. The action will require a show cause report and a show cause visit and 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.
 2. The show cause action will direct a Commission liaison guidance visit. Other staff and/or Commission representatives may accompany the Commission staff liaison or conduct the visit.
 3. A show cause action requires the institution to present its case as to why its candidate for accreditation status or accreditation should not be denied or withdrawn by means of a show cause report. In order for the institution to be reaffirmed, the show cause report must provide evidence that the institution has made all necessary improvements and meets fully the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements.
 4. An on-site show cause visit will follow submission of the show cause report. The purpose of the show cause visit is to verify the information provided in the show cause report and verify the institution's ongoing and sustainable compliance.
 5. The Commission may, at its discretion, direct site visit(s) to specific location(s).
 6. The action will require the submission of a comprehensive and implementable teach-out plan and teach-out agreement(s) with appropriate teach-out partner institutions in accordance with the Commission's *Teach-Out Plans and Agreements Policy and Procedures*.
- G. The institution may present its case to the Commission when the Commission meets to consider the institution's show cause in accordance with the Commission's procedures *Show Cause Appearance Before the Commission Prior to Withdrawal of Accreditation*. These procedures apply to all adverse actions.
- H. The Commission may continue an accredited institution's noncompliance status and Extend for Good Cause beyond the original 36 months as allowed under federal regulation *34 CFR § 602.18(d) and § 602.20(a)(2)*. Such extension is a form of exceptional relief and not an institutional right. A decision to grant an extension for good cause is made at the sole discretion of the Commission and is not subject to appeal. Extension for good cause is not available to candidate institutions.
1. The Commission may continue an accredited institution's warning, probation, or show cause status and extend for good cause beyond the original 36-month time period as allowed under federal regulation *34 CFR § 602.20(a)(3)*.
 2. The Commission will set the length of the extension for good cause not to exceed one year.
 3. The Commission will consider quality written and compelling evidence of one of more of the following in making its decision to grant or deny an extension for good cause:
 - 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 procedure.
 - 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.
4. The Commission shall act to reaffirm accreditation at the conclusion of the extension, take the adverse action, or consider a final, second extension for good cause not to exceed one year.
5. In considering whether to grant a final, second extension for good cause, in addition to the considerations in (paragraph section IV.G.3), the Commission will consider quality written and compelling evidence including but not limited to the following:
- 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.
6. The institution remains accredited during any extension for good cause granted by the Commission.
7. The rationale for the Commission granting or denying an extension for good cause will appear in the Commission action.
8. The Commission's action to deny any extension for good cause is not an adverse action and therefore not appealable.
9. The Commission will act to reaffirm accreditation at the conclusion of the final,

second extension or take the adverse action to withdraw accreditation.

V. Adverse Actions

The Commission will take an adverse action when an institution has not demonstrated compliance, has had the opportunity to show cause, and/or the 36-month allowable time period for non-compliance has expired. An institution has the right to appeal any adverse action pursuant to the *Appeals from Adverse Actions Procedures*.

- A. Prior to any adverse action, including denial or withdrawal of candidate for accreditation status, the institution is provided the opportunity to show cause in accordance with the Commission's *Accreditation Actions Policy and Procedures* and *Show Cause Appearance Prior to Withdrawal of Accreditation*, which applies to all adverse actions.
- B. The Commission may Deny Candidate for Accreditation Status (subject to appeal) if the Commission determines that the institution was not able to demonstrate why its candidate for accreditation status should not be denied and the institution does not appear to demonstrate compliance with Commission standards for accreditation, requirements of affiliation, policies and procedures, or applicable federal regulatory requirements within the five-year period of candidacy established under federal regulation *34 CFR § 602.16(a)(2)(ii)*. The institution must wait two years to reapply.
- C. The Commission may Withdraw Candidate for Accreditation Status (subject to appeal) if the Commission determines that the institution was not able to demonstrate why its candidate for accreditation status should not be withdrawn and does not appear to demonstrate compliance with one or more Commission standards for accreditation, requirements of affiliation, policies and procedures, or applicable federal regulatory requirements within the five-year period of candidacy allowed under federal regulation *34 CFR § 602.16(a)(2)*.
- D. The Commission may Deny Accreditation (subject to appeal) if the candidate institution does not appear to demonstrate compliance with Commission standards for accreditation, requirements of affiliation, policies and procedures, or applicable federal regulatory requirements within the five-year period of candidacy established under federal regulation *34 CFR § 602.16(a)(2)*.
- E. The Commission may Withdraw Accreditation (subject to appeal) if the Commission determines that the institution no longer meets one or more Commission standards for accreditation, requirements of affiliation, policies and procedures, or applicable federal regulatory requirements, fails to show cause why its accreditation status should not be withdrawn, and:
 - 1. The institution has failed to demonstrate that it can provide a quality student learning experience;
 - 2. The institution has failed to demonstrate the capacity to make required improvements;
 - 3. The institution has failed to demonstrate that it can sustain itself in the short or long term; or
 - 4. The institution has failed to demonstrate compliance within the 36-month time period established by Commission policy and procedures and federal regulation under *34 CFR § 602.20(a)(2)*.

- F. If the 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, the Commission may take an immediate adverse action in accordance with federal regulation 34 CFR § 602.20(b). An adverse action becomes final when any appeals process available to the institution is concluded under the Commission's *Appeals from Adverse Actions Procedures*.
- G. The institution remains a candidate or accredited institution until the completion of any appeal or the effective date of withdrawal or denial, whichever is first, so long as the conditions specified in the *Appeals from Adverse Actions Procedures* are met. The effective date of an adverse action is not an appealable decision.
- H. When an adverse action becomes final, the Commission, in its sole discretion, shall fix the effective date that accreditation will cease.

VI. Appeal Actions

An institution subject to an adverse action is entitled to a review of the Commission's decision by an Appeal Panel prior to the adverse action becoming final in accordance with the *Appeals from Adverse Actions Procedures*. The Appeal Panel has the authority to make decisions to affirm, amend, or remand adverse actions taken by the Commission in accordance with Commission policy and procedures and federal regulation 34 CFR § 602.25(f)(1)(iii). Subsequent action will be taken by the Commission to implement the decision of the Appeal Panel.

- A. The Commission staff will Acknowledge Receipt of the institution's option to exercise the right to an appeal or the institution's waiver of the right to appeal.
 - 1. If the institution waives its right to an appeal and no appeal is filed, the adverse action is considered final.
 - 2. The effective date of an adverse action is not an appealable decision.
- B. The Commission will take an action on any dismissal of the appeal in accordance with the *Appeals from Adverse Actions Procedures*.
- C. The Appeal Panel will make a decision on all appeals of adverse actions and make a recommendation to the Commission.
 - 1. Affirm the Commission's decision
 - 2. Amend the Commission's decision
 - 3. Remand the matter to the Commission
- D. The Commission will take an action to recognize the appeal hearing panel's decision and place it on the record.
 - 1. The Commission will acknowledge receipt of the Appeal Panel's decision to affirm the adverse action and the action is considered a final adverse action.
 - 2. The Commission will acknowledge receipt of the Appeal Panel's decision to amend the adverse action and the action is considered final adverse action.
 - 3. The Commission will acknowledge receipt of the Appeal Panel's decision to remand the appeal decision to the Commission. The Commission will take subsequent action to implement the decision of the Appeal Panel in accordance with these procedures and the instructions provided by the Appeal Panel as

required in *Appeals from Adverse Actions Procedures*.

- E. An adverse action under appeal will become final only when the Appeal Panel affirms the Commission's action, or the Commission takes further action in accordance with the dismissal of an appeal or an Appeal Panel's decision to amend the Commission's action.
- F. When an adverse action becomes final at the conclusion of an appeals process, the Commission, in its sole discretion, shall fix the effective date that accreditation will cease.
 - 1. If a candidate institution is denied accreditation and that action becomes final, 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 Commission policy and procedures and federal regulation § 602.23(f)(1)(iii).
 - 2. Membership in the Middle States Commission on Higher Education ceases on the effective date.
 - 3. An administrative action will be taken on the record to reflect that accreditation has ceased.
- G. 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).

VII. Mid-Point Peer Review Actions

- A. The Commission will act to note that the Mid-Point Peer Review has been conducted.
 - 1. The action may note that no further evidence is required at this time.
 - 2. The action may request that the institution provide brief narrative responses on the recommendations identified in the Commission action when the institution is in compliance but the Commission determines that some additional oversight is needed to ensure that the institution is attentive to Commission recommendations. The institution will submit recommendations responses in conjunction with the Annual Institutional Update (AIU) each year.
 - 3. The action may request a focused report and direct a focused team visit when a serious concern about compliance arises from the Mid-Point Peer Review. The action will specify the due date and which Commission standards for accreditation, requirements of affiliation, policies and procedures, or applicable federal regulatory requirements that must be addressed.
 - 4. The Commission may stipulate specific areas to be emphasized in the next self-study report.

VIII. Substantive Change Actions

- A. The Commission will act on all requests for substantive change submitted in accordance with its *Substantive Change Policy and Procedures*.
- B. The Commission may require an institution to submit a substantive change request if the

Commission learns that the institution is planning a change that is considered substantive or it learns that any offerings, locations, or modes of delivery are not currently included within the scope of accreditation or if any designations diverge from federal definitions in accordance with 34 CFR § 602.24(f)(3).

- C. The Commission staff may request additional information if a substantive change request is materially incomplete and establish a due date.
- D. Prior to the assignment of peer evaluators, the Commission staff may reject the substantive change request when it is materially incomplete and requested additional information is not provided by the due date set by Commission staff.
- E. The Executive Committee will make a determination if a substantive change request may proceed or it may decline to review a request made by an institution that is currently in a non-compliance status (including but not limited to institutions that are subject to warning, probation, show cause or withdrawal of accreditation or candidacy, or are subject to some limitation by the Commission on its accredited or candidate for accreditation status)
 - 1. The Executive Committee may allow the request to proceed through the substantive change review process.
 - 2. The Executive Committee may decline to review the request until accreditation has been reaffirmed or other conditions have been met.
- F. The Commission may act to include the change within the institution's scope of accreditation because the institution has demonstrated that it has the capacity to implement that change and the change does not adversely affect the institution's ongoing compliance with Commission standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements.
 - 1. 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). The effective date of the change is determined by the Commission.
 - 2. The accreditation action may require the institution to report certain data to the Commission in the secure MSCHE portal, such as the date a location opened or closed as soon as it is confirmed.
 - 3. The accreditation action may require the institution to provide written evidence of any outstanding approvals from all necessary licensing, regulatory, or other legal entities to the Commission as soon as it obtains them.
 - 4. The accreditation action may request a supplemental information report and possibly a follow-up team visit if the Commission determines that additional evidence demonstrating the successful implementation of a substantive change is needed.
 - 5. The accreditation action may direct a substantive change site visit if a visit is required in accordance with the *Substantive Change Policy and Procedures*.
 - 6. The Commission may set other conditions that must be satisfied by the institution based on the Commission's *Substantive Change Policy and Procedures*, and/or federal regulation.

- G. The Commission staff may take a subsequent action to remove a location from the institution's scope of accreditation once the institution notifies the Commission through the secure MSCHE portal that instruction has ceased at the location.
- H. 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 *34 CFR § 602.22(h)*.
- I. The Commission may deny a substantive change request if the institution does not appear to demonstrate the capacity to implement the change or the change appears to adversely affect the institution's ongoing compliance.
 - 1. Unless otherwise defined by the Commission action, the institution may submit a new request for substantive change at a later date.
 - 2. A denial of a substantive change request is not an adverse action and therefore not subject to appeal.
- J. The Commission staff may rescind a substantive change action when appropriate and substantiated information comes to light that would have affected the Commission's decision or conditions identified in the Commission's action have not been met in accordance with *Substantive Change Policy and Procedures*.
- K. The Commission may withdraw the institution's substantive change upon request by the institution. Once the Commission acts on a substantive change, the opportunity to withdraw the request is no longer available.
- L. The Commission staff may waive a substantive change visit to an international location under extraordinary conditions as defined in X.B.1 or if there are concerns about the welfare and safety of Commission representatives in accordance with *Travel Policy and Procedures*.
 - 1. This decision is at the discretion of the Commission staff.
 - 2. The Commission staff may substitute a virtual visit if appropriate.
 - 3. The Commission action will note that the site visit to an international location was waived and the reason the visit could not take place in-person.

IX. Teach-Out Actions

- A. The Commission will require a teach-out plan and teach-out agreements if applicable in accordance with *Teach-Out Plans and Agreements Policy and Procedures*.
- B. The Commission may act to approve a teach-out plan and/or teach-out agreement(s) if the teach-out plan and/or agreement(s) meet the criteria as delineated in the *Teach-Out Plans and Agreements Policy and Procedures*.
- C. The Commission may request an updated teach-out plan for more information or to ensure that the institution has provided evidence that the teach-out plan is being implemented.
- D. The Commission may act to reject and require resubmission of the teach-out plan and/or agreement(s) if the teach-out plan and/or agreement(s) do not meet criteria as delineated in the *Teach-Out Plans and Agreements Policy and Procedures*.

X. Procedural Actions

The Commission may take any other actions that reflect procedure of the accreditation process and may alter the timing or schedule of the accreditation review cycle. Procedural actions are not appealable actions.

- A. The Commission may act to postpone a decision on any action (including substantive change) when it has determined that additional information is needed.
 - 1. The Commission will postpone a decision and request a supplemental information report, with or without a follow-up team visit.
 - 2. A decision can be postponed only if an accreditation decision will be made within established timeframes for candidate institutions under federal regulation *34 CFR § 602.16(a)(2)*, for accredited institutions under *34 CFR § 602.20(a)(2)*, or under Commission policies and procedures.
- B. The Commission may, in extraordinary circumstances, act to delay the due date of a required accreditation activity within the accreditation review cycle and continue accreditation.
 - 1. Extraordinary circumstances include but are not limited to situations beyond the institution's control (e.g. natural disaster or other catastrophic event, significant and documented local or national economic changes) or any situation which may put Commission representatives at risk (e.g. civil or political unrest in the institution's geographic location). A change in leadership at the institution is not considered an extraordinary event.
 - 2. The Commission may grant a delay if the institution demonstrates that extraordinary circumstances exist. The action will specify the revised due date not to exceed one year from the original date.
 - 3. The Commission may reject the request for a delay if the institution has not demonstrated that extraordinary circumstances exist.
 - 4. If it is still not possible to conduct an appropriate review at the conclusion of the one-year delay, the Commission may, at its discretion, grant another one-year delay.
 - 5. The action does not alter the institution's assigned accreditation review cycle pursuant to the *Accreditation Review Cycle and Monitoring Policy and Procedures*.
- C. The Commission may, in extraordinary circumstances as defined in X.B.1., temporarily or permanently waive a specific requirement in Commission policy or procedures for a member institution or all member institutions as a whole.
 - 1. The Commission may waive a specific requirement and offer an institution alternative means of satisfying the Commission's requirements such as the option of a virtual visit in lieu of an in-person visit.
 - 2. If the member institution makes a request for the Commission to waive a specific requirement, it must demonstrate the need for such a waiver, and provide evidence demonstrating that academic quality will not be compromised and students will not be harmed.
 - 3. Waivers must be approved by the Commission or the Executive Committee on its behalf.
- D. The Commission may Rescind an action previously taken, at any time, for good cause shown and solely in the exercise of its discretion.
 - 1. The receipt of appropriate and substantiated information from another member

- of the regulatory triad is considered good cause.
 2. The action to rescind an action other than substantive change must be made by the Commission after review and consideration of any new and substantiated information.
 3. An action to rescind is not an adverse action and is therefore not subject to appeal.
- E. The Commission may Direct a Visit by the Commission staff liaison, other staff member, or any other Commission representative(s) at any time.
- F. The Commission may request or require that the institution submit a follow-up report or provide other information.
1. The Commission may require evidence of all necessary approvals for a substantive change.
 2. The Commission may request a written report with or without a visit. The request will specify the type of report, 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 Commission may make any other request for information.
- G. The Commission will acknowledge receipt of an applicant institution's intent to voluntarily withdraw its application and note the date that the application was withdrawn. The institution must wait at least one year from the date of withdraw to initiate a new pre-application and must reapply and submit a new Pre-Applicant Minimum Requirements Report and Pre-Applicant Inquiry Fee after completing the mandatory Pre-Applicant Information Session.
- H. The Commission will take action when an institution makes a request to voluntarily surrender its accreditation or candidate for accreditation status (preaccreditation) and terminate its membership in the Middle States Commission on Higher Education. 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, in accordance with the Commission's *Accreditation Review Cycle and Monitoring Policy and Procedures*.
1. The Commission staff will acknowledge receipt of the institution's intention to voluntarily surrender.
 2. The Commission staff will request a supplemental information report (SIR) consisting of any information needed by the Commission to terminate membership based on the individual circumstances of each institution, including but not limited to whether the institution remains in compliance with the standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements.
 3. If applicable, the Commission will request 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*.
 4. The Commission or Executive Committee will accept or reject the institution's request to voluntarily surrender and establish the date that accreditation will cease.

- I. The Commission will take action to cease accreditation to finalize an institutional closure, voluntary surrender, or withdrawal of candidacy or accreditation on the effective date. This is not an adverse action, therefore, it is not subject to appeal.

XI. Administrative Actions

The Commission and the Commission staff are authorized to take administrative actions pursuant to this section. Administrative actions are not appealable actions.

- A. The Commission or Commission staff may acknowledge receipt of any report, notification, notice of intent, or documentation submitted by an institution.
- B. The Commission or Commission staff may reject a report and request resubmission when the report's quality or substance are insufficient to respond appropriately to the Commission's needs or concerns including but not limited to when the report is poorly written, evasive, lacks transparency, or accreditation materials are not provided in English.
 1. The Commission will require the institution to resubmit the report in a short time frame and may, at its discretion, request a visit.
 2. If an institution is in a non-compliance status, a report can be resubmitted only if the period of non-compliance would not exceed the 36-month non-compliance time period allowed under federal regulation *34 CFR §602.20(a)(2)*.
- C. The Commission may make a notation in the action language for the institutional record or to provide additional context for an action taken.
- D. The Commission may note that any type of visit has occurred.
- E. The Commission may amend an action that has been taken to make technical modifications or typographical corrections as necessary provided the modification or correction does not alter the substance of the Commission's original action.

XII. Definitions

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

- A. Accreditation activity.** All activities (including but not limited to reviews, reports, and 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

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- C. Accreditation status.** The member institution's standing with the Commission based on the most recent grant of candidate for accreditation status, grant of accreditation, reaffirmation, non-compliance, or adverse action taken by the Commission. Accreditation status is posted on the institution's directory listing on the MSCHE website.
- D. Adverse Action.** An accreditation action taken by the Commission to:
1. deny the candidate for accreditation status of an institution;
 2. withdraw candidate for accreditation status of an institution;
 3. deny accreditation; or
 4. withdraw accreditation.
- E. Appeal.** A timely request by an institution filed in accordance with these procedures for a review by an Appeal Panel of an adverse action of the Commission.
- F. Arbitration.** A post-Appeal proceeding in which certain defined disputes are resolved by an Arbitrator out of court, without a judge or jury, pursuant to the appropriate rules established by the Arbitration Administrator and the Commission's procedures for arbitration.
- G. Final adverse action.** A final determination by the Commission regarding an adverse action against an accredited or candidate institution at the conclusion of any appeals process available to the institution under the Commission's policies and procedures. (based on the federal definition in 34 CFR § 602.3)
- H. Institutional record.** The compilation of all materials and data the Commission has on file related to the applicant, candidate, or accredited institution, including but not limited to the 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.
- I. Member institution.** All institutions that are accredited by MSCHE and all institutions that have been granted candidate for accreditation status by MSCHE, that are in good standing with respect to payment of dues and fees, shall be institutional members of MSCHE. Accreditation and candidacy shall be established according to the standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements adopted by the Commission.
- J. Record on file.** A segment of the institutional record used in a Commission proceeding such as show cause appearance or appeals. It includes but is not limited to the accreditation materials for accreditation activities for the period of non-compliance (since the first non-compliance action), any information received as part of ongoing monitoring activities, transcripts from other proceedings, and correspondence of record.
- K. Scope of accreditation.** The candidate or accredited institution's accreditation status covers a defined scope of educational offerings, including but not limited to credential levels,

delivery methods, and locations (branch campuses, additional locations, and other instructional sites) which have been reviewed by the Commission during accreditation activities. Any changes proposed by a member institution that are considered substantive must be reviewed through the substantive change review process prior to implementation in order to be included within the institution's scope of accreditation by the Commission.

- L. Statement of Accreditation Status (SAS).** The Commission's official public statement about each institution's current accreditation status. The SAS is a downloadable, printable statement with information about the institution, including but not limited to the institution's accreditation phase, accreditation status, scope of accreditation, and a history of the accreditation actions taken by Commission.
- M. 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. *(based on the federal definition in 34 CFR § 600.2, slightly modified to remove the word "program")*
- N. 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 100 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 § 600.2)*
- O. Teach-out plan.** A written plan developed by the institution that provides for the equitable treatment of students to complete their education, including any teach-out agreements that the institution has entered into or intends to enter into with another institution. *(federal definition in 34 CFR § 600.2)*

Number: P.2.3

Version: 2022-10-01 EFFECTIVE

Effective Date: October 1, 2022

Approved: Approved by Executive Leadership Team, September 26, 2022

Initial Approval: June 25, 2020 (Cabinet)

Previously issued: 1921, February 1984, January 1990, February 1991, and 1993.

Revisions: February 1997; February 2002; October 2002; November 2003; March 2004; January 2005; February 2007; November 2007; March 2008; January 2010 (changed Progress *Letter* to Progress *Report*); September 16, 2011; October 30, 2012; June 26, 2014; November 19,

2015; March 1, 2016; September 1, 2018 (technical amendment); October 11, 2018 (editorial); July 1, 2020 (substantive revision);

Relevant Documents: *Accreditation Actions Policy; Accreditation Review Cycle and Monitoring Policy and Procedures; Accreditation Activities Guidelines; Follow-up Reports Guidelines; Follow-Up Report and Visits Procedures; Communication in the Accreditation Process Policy and Procedures; Show Cause Appearance before the Commission Prior to Withdrawal of Accreditation; Appeals from Adverse Accrediting Actions; Substantive Change Policy; Substantive Change Procedures; C-RAC Common Framework (Apr 9, 2014);*

Accreditation Review Cycle and Monitoring Policy

Effective Date: July 1, 2023

Contents

- I. Purpose
- II. Statement of Policy
- III. Procedures

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 this policy is to establish the timeline and components of the Commission's accreditation review cycle. Additional information about reviews, reports, and visits can be found in *Accreditation Activities Guidelines*.

II. Statement of Policy

In accordance with federal regulation *34 CFR § 602.19*, the Commission shall implement a cycle for accreditation review that reevaluates and monitors institutions to ensure compliance with standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements. The Commission shall assign institutions to an accreditation review cycle which dictates the timeline and a regular and consistent schedule of review. While the Commission has established a continuous accreditation review cycle, the Commission reserves the right to conduct monitoring activities at any time.

A. Accreditation Review Activities

The Commission's eight-year cycle includes a Self-Study Evaluation and On-Site Evaluation visit. The Commission will require an accredited institution to conduct a comprehensive Self-Study Evaluation and On-Site Evaluation Visit at least every eight years.

B. Ongoing Monitoring Activities

The Commission shall monitor member institutions to ensure continued institutional compliance with standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements. Monitoring activities include the Annual Institutional Update (AIU), follow-up reports and visits, and out of cycle monitoring activities. The Commission will require member institutions to submit and verify data and upload required documents on an annual basis through the AIU. The Commission may require institutions to submit further evidence through Recommendations Responses in conjunction with the AIU. The Commission may require institutions to submit follow-up reports or host follow-up visits as directed in the Commission's accreditation action. The Commission may require out of cycle monitoring at any time if it has concerns about the institution's ongoing compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements.

** The full implementation of the eight-year cycle begins with accredited institutions who will have self-study in 2020-2021.*

C. Changes in Accreditation Review Cycle

The accreditation review cycle is continuous and the institution's assigned cycle cannot be altered except under extraordinary circumstances. Only the Commission may alter the accreditation review cycle as may be necessary based on circumstances.

III. Procedures

The Commission staff will develop procedures as are necessary to ensure the consistent implementation of policies. See *Accreditation Review Cycle and Monitoring Procedures*.

Number:

Version: 2023-07-01 EFFECTIVE

Effective Date: July 1, 2023

Previously Issued: N/A

Approved: Approved by the Commission, June 22, 2023

Revisions: May 24, 2014 (technical amendment); June 3, 2017 (substantive revision); September 1, 2018 (technical amendment); July 1, 2023 (Substantive Revision-remove MPPR);

Related Documents: *Accreditation Activities Guidelines*; *Accreditation Review Cycle and Monitoring Procedures*;

Federal Regulations: §602.18(e) Ensuring consistency in decision-making; §602.19 Monitoring and reevaluation; §602.22 Substantive change

Accreditation Review Cycle and Monitoring Procedures

Effective Date: July 1, 2023

Contents

- I. Purpose
- II. Procedures for Self-Study Evaluation and On-Site Evaluation Visit
- III. Procedures for Ongoing Monitoring Activities
- IV. Procedures for Changes to the Accreditation Review Cycle
- V. Definitions

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.
 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.

Appeals from Adverse Actions Procedures

Effective Date: October 1, 2022

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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 institutional members are provided sufficient due process and have the right to appeal any adverse action prior to it becoming final. If a member institution requests an appeal from an adverse action, the Commission will establish an Appeal Panel to review the appeal prior to the adverse action becoming final. The purpose of these procedures is to implement the *Accreditation Actions Policy and Procedures* and establish procedures for the fair and expeditious processing of an appeal of an adverse action by the Commission. All adverse actions (deny or withdraw candidate for accreditation status or deny or withdraw accreditation) are subject to appeal.

II. Scope of the Appeal Process

An institution subject to any adverse action is entitled to a review of the Commission's decision by an Appeal Panel prior to the adverse action becoming final in accordance with these procedures. The Appeal Panel has the authority to make decisions to affirm, amend, or remand adverse actions taken by the Commission in accordance with Commission policy and procedures and federal regulation 34 CFR § 602.25(f)(1)(iii). Subsequent action will be taken by the Commission to implement the decision of the Appeal Panel.

- A. The institution is entitled to seek an appeal for any adverse action as defined in Commission policy and procedures (deny or withdraw candidate for accreditation status or deny or withdraw accreditation).
- B. If the institution chooses to exercise its right to an appeal, the institution must file an appeal in accordance with these procedures and within established deadlines. If the institution waives its right to an appeal and no appeal is filed, the adverse action is considered final.

- C. The institution may seek review of new intervening financial information before the Appeal Panel reaches a final decision, so long as all of the following conditions are met in accordance with federal regulation 34 CFR § 602.25(h)(1)(i-iii):
 - 1. the only remaining area of non-compliance cited by the Commission in support of a final adverse action pertains to finances;
 - 2. the financial information was not available to the institution until after the adverse action was taken by the Commission. If the institution had that information but failed to present documentation or information available at the time the Commission took the adverse action, it may not make that information available for consideration by the Appeal Panel; and,
 - 3. the financial information is significant and bears materially on the financial non-compliance identified by the Commission in the adverse action. The criteria of significance and materiality will be determined by the Appeal Panel as part of its review.
- F. The 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).
- G. The appeal is to be decided by an Appeal Panel based solely on the designated Appeal Record on File and on the oral presentations at the appeal hearing, if one is held.
- H. The institution must be current in the payment of its annual membership dues and fees, including travel expenses and honoraria, to the Commission in order to exercise its right to appeal.
- I. An appeal may be dismissed as administratively defective within fifteen (15) calendar days of the submission of the *Notice of Intent to Appeal* pursuant to the procedures in Section IV. Procedures for Dismissal of Appeals.
- J. An appellant institution is responsible for the costs of the appeal pursuant to Section XI: Procedures for Costs of Appeal.
- K. An appellant institution has the right to be represented by legal counsel or other professional representative in such appeal at its own expense.
- L. The Appeal Panel will also be represented by legal counsel at the expense of the appellant institution.
- M. The Commission will also be represented by separate legal counsel at the Commission's own expense. The Commission's counsel will assist with the preparation of the Commission's written submission and may make an oral presentation at the hearing and answer questions of the Appeal Panel.
- N. In accordance with the *Communication in the Accreditation Process Policy and Procedures*, Commission representatives will safeguard the confidentiality of discussions, conversations,

accreditation materials, proposals for action, and the institutional record except as otherwise required by Commission policies or procedure, or applicable law or court or regulatory order.

- O. An adverse action under appeal will become final only when the Appeal Panel affirms the Commission's action, or the Commission takes further action in accordance with the dismissal of an appeal or an Appeal Panel's decision to amend the Commission's action.
- P. The institution remains a candidate or accredited institution until the completion of any appeal or the effective date of withdrawal or denial, whichever is first, so long as the following conditions are met:
 - 1. The institution does not enroll new students.
 - 2. The institution does not market or recruit new students.
 - 3. The institution maintains a clear and accurate statement about its accreditation phase and accreditation status for the public on its website in accordance with the Commission's *Public Disclosures Policy and Procedures*.
- Q. If the Commission determines that the institution has violated any of the three conditions listed above, the institution forfeits its appellate rights and the Commission reserves the right to revise the effective date that candidate for accreditation status or accreditation will cease.

III. Procedures for Requesting an Appeal

- A. The Commission will provide notification of an adverse action within 30 calendar days of taking the action in accordance with the Commission's *Communication in the Accreditation Process Policy and Procedures* and federal regulation 34 CFR § 602.26.
 - 1. In the case of an adverse action, the Commission will mail a hardcopy of the action notification with delivery confirmation. The date of the delivery confirmation is considered the date of receipt by the institution.
 - 2. The notification of adverse action will provide the action taken by the Commission, a statement that the institution is entitled to an appeal, procedural information about how to request an appeal, and the notice will refer the institution to these procedures.
- B. The institution must submit an *Acknowledgement of Adverse Action and Option to Exercise or Waive the Right to An Appeal* within five (5) calendar days of the date of receipt of the notice of adverse action. The form is provided as Appendix A to these procedures.
- C. The Commission will acknowledge receipt of the institution's option to exercise the right to an appeal or the Commission will acknowledge the institution's waiver of the right to appeal.
- D. A waiver of the right to an appeal is final. The adverse action is considered final upon a waiver and is no longer subject to appeal. The candidate for accreditation status or accreditation will cease on the effective date established by the Commission in the adverse action.
- E. If an institution has submitted its intention to exercise the right to an appeal, the institution will submit the *Notice of Intent to Appeal Form* within fifteen (15) calendar days of the date of receipt by the institution of the notice of the adverse action.
 - 1. The *Notice of Intent to Appeal Form* is provided as Appendix B to these procedures.

2. The *Notice of Intent to Appeal Form* must be submitted in order to perfect the filing of an appeal.
 3. The institution must submit a deposit for expenses as described in Section IX. Procedures for Costs of Appeal.
 4. The institution must be current in payment of annual dues and accreditation fees to the Commission. If the institution is not current, the institution must cure any arrearage in order to continue the appeal process.
- F. The *Notice of Intent to Appeal* must include all of the following content:
1. A clear statement of the factual basis and circumstances for appeal.
 2. A clear statement if the institution chooses to make an oral presentation before the Appeal Panel, or to waive the right to make an oral presentation and have the appeal decided on the basis of written submissions only.
 - a. A waiver of the right to make an oral presentation before the Appeal Panel is final.
 - b. An appellant institution is provided one more opportunity to waive the right to an oral presentation when it files its written statement in support of its appeal.
 3. A clear statement if the institution chooses to be represented by legal counsel or other professional in the appeal proceeding, or not to be represented. If the institution chooses to be represented, the names, titles, addresses, phone numbers and email addresses of those representatives should be provided.
 4. The signatures of the appellant institution's Chief Executive Officer (CEO)/President and the chair of its governing body. If either individual is not available, the institution will provide an explanation.
- G. Upon receipt of a timely *Notice of Intent to Appeal Form* and the required deposit for costs of appeal, the designated Administrator of the Appeal will confirm that they have no known conflicts of interest with the appellant institution.
1. The Commission will notify the institution of the name, title, and contact information of the designated Administrator of the Appeal.
 2. The institution will have five (5) calendar days to affirm that there is no conflict of interest with the designated Administrator. The Administrator is considered affirmed on the fifth day.
 3. The President of the Commission will designate a replacement Administrator of the Appeal if a conflict of interest as defined in Commission policy and procedures is identified, at the Commission's discretion.
 4. The replacement will be subject to the same challenge for conflicts of interest within deadlines established by the President of the Commission.
- H. The Administrator of the Appeal will review the *Notice of Intent to Appeal* to ensure that it was submitted on time, is materially complete (including the required deposit), and all requirements are met, including but not limited to verification that the institution is current in annual membership dues and accreditation fees.
- I. If the institution is not current in annual membership dues and fees, the Administrator of the Appeal will notify the institution immediately of the total amount that is outstanding and send

an invoice to the institution. The payment is made payable to the Middle States Commission on Higher Education and must be paid via Automated Clearing House (ACH) deposit within five (5) calendar days of the date of the invoice.

- J. The Administrator of the Appeal will acknowledge receipt of a timely, materially complete, and properly filed *Notice of Intent to Appeal* within fifteen (15) calendar days of the date of receipt.
- K. The Administrator of the Appeal will develop a preliminary schedule for the appeal indicating established deadlines provided by the Commission. The schedule template is provided in Appendix C: Overview of the Appeal Timetable of these procedures.

IV. Procedures for Dismissal of Appeals

- A. The Administrator of the Appeal may dismiss an appeal as administratively defective if any of the requirements listed in Section III.D and E are not met, including the following without limitation:
 - 1. The institution failed to provide the required information in the *Notice of Intent to Appeal*.
 - 2. The institution failed to submit the *Notice of Intent to Appeal* within fifteen (15) calendar days of the date of receipt of the Notification of Adverse Action from the Commission.
 - 3. The institution failed to remit the required deposit for the costs of the appeal.
 - 4. The institution failed to cure any payment arrearage within five (5) calendar days of the date of the invoice of any outstanding dues or fees.
- B. The appellant institution may request review of the dismissal of an administratively defective appeal, based on extraordinary circumstances only, within ten (10) calendar days of the date of dismissal.
 - 1. The institution must demonstrate in writing and include evidence that the institution's ability to properly file the *Notice of Intent to Appeal* was impacted by extraordinary circumstances which include but are not limited to situations beyond the institution's control (e.g., natural disaster or other catastrophic event, civil or political unrest in the institution's geographic location).
 - 2. The Administrator of the Appeal will render a written decision to uphold or overturn the dismissal within five (5) calendar days of the request for review.
- C. At their discretion, the Chair of the Appeal Panel may overturn a dismissal by the Administrator of the Appeal and allow an appeal to proceed on the merits.
- D. At any time during the appeal proceeding, the Chair of the Appeal Panel may dismiss an appeal if the institution fails to abide by these procedures, including without limitation:
 - 1. Failure to file a timely written statement in support of the appeal;
 - 2. Failure to submit materials by the established deadlines;
 - 3. Failure to respect the Commission's policies and procedures related to confidentiality.
- E. The Chair of the Appeal Panel will notify the Administrator of the Appeal of a decision to dismiss an appeal and the Administrator will in turn notify the appellant institution.

- F. In the event of a dismissal, the Commission, or the Executive Committee on its behalf, will take an action at a special meeting scheduled for this purpose. The Commission's adverse action is considered final upon such action by the Commission or the Executive Committee and is no longer subject to appeal.

V. Procedures for the Selection of the Appeal Panel

- A. The Commission will maintain a pool of experienced peer evaluators to serve as potential members of the Appeal Panel.
1. Individuals in the pool have appropriate qualifications, relevant experience or expertise, and/or training to be a member of an Appeal Panel.
 2. Individuals have agreed to be in the appeals panel pool for a term of three years.
 3. An individual is disqualified from serving on an Appeal Panel if he or she has a conflict of interest with the appellant institution as defined in the Commission's policy *Conflicts of Interest: Commission Representatives*, has had any prior employment or consultative relationship with the appellant institution, or has participated in any way in the accreditation decision-making process leading to the action under appeal in accordance with federal regulation 34 CFR 602.25(f)(1)(i-ii).
 4. No individual currently serving on the Commission may serve as a member of the Appeal Panel.
- B. The Administrator of the Appeal will select three individuals from the pool to form an Appeal Panel within fifteen (15) calendar days of the date of the acknowledgement of a complete and timely *Notice of Intent to Appeal* by the appellant institution.
1. The Appeal Panel is comprised of three individuals including a representative of the public, administrative personnel, and academic personnel.
 2. Each Appeal Panel member must complete or update an Evaluator Data Form (EDF), disclose all conflicts of interest, verify they have no conflict of interest with the appellant institution, agree to the Statement of Ethical Conduct, and complete the Antitrust Certification of Compliance in order to serve on an Appeal Panel.
 3. The individual designated as a public representative must certify that he/she meets the definition of a public representative by completing the *Certification of Eligibility to Serve as a Public Representative* form.
 4. The roster of the Appeal Panel will be available in the secure MSCHE portal for the institution to review.
 5. The institution will have ten (10) calendar days from the date the roster is posted to affirm that there is no conflict of interest with the proposed Appeal Panel members through the secure MSCHE portal. The roster is considered affirmed on the tenth day.
 6. The Commission will reassign an Appeal Panel member if a conflict of interest as defined in Commission policy and procedures is identified, at the discretion of the Commission.
 7. In the event an Appeal Panel member must recuse themselves at any time, the

Administrator of the Appeal will identify a replacement, and such replacement will be subject to the same challenge for conflicts of interest within deadlines established by the Administrator of the Appeal.

- C. The Administrator of the Appeal will assign a Chair of the Appeal Panel. Preference may be given to candidates with prior experience with the appeal process.
 - 1. The Chair of the Appeal Panel will control the appeal proceeding and any other procedural issues that arise during the course of the appeal.
 - 2. The Chair of the Appeal Panel will rule on all questions pertaining to the conduct of the proceeding, including the designation of the Appeal Record on File.
 - 3. The Chair of the Appeal Panel may extend any of the deadlines set forth in these procedures for good cause shown by a requesting party, at the Chair's discretion.
- D. The Administrator of the Appeal will select separate counsel to serve as Counsel to the Appeal Panel to provide guidance and advice on any procedural matters or other issues that arise during the course of the appeal.

VI. Procedures for the Designation of the Appeal Record on File

- A. Within ten (10) calendar days of the date the roster of the Appeal Panel is finalized, the Administrator of the Appeal will make the existing Appeal Record on File (from the preceding show cause review including the transcript of the show cause appearance, if any) available for review by the Commission, the appellant institution, and the Chair of the Appeal Panel.
- B. The Commission and the appellant institution will have five (5) calendar days from the date the proposed Appeal Record on File is made available to review and identify any material that is missing from what was already presented to the Commission when it took the adverse action or that is improperly included. This does not include any new intervening financial information specified by the appellant institution, which should be submitted in the subsequent written appeal statement described in D.
 - 1. Either the Commission or the appellant institution may submit a list of materials identified as missing or improperly included to the Chair of the Appeal Panel.
 - 2. No new information will be entered into the record unless it is determined by the Chair of the Appeal Panel to be missing from the existing Appeal Record on File.
 - 3. No information concerning the remedying of deficiencies since the time of the adverse action may be presented for any reason.
 - 4. If there is any dispute concerning the documents or materials missing from, or improperly included in, the Appeal Record on File, the Chair of the Appeal Panel will promptly make a final decision as to whether such documents or materials will be included in the materials to be designated as the Appeal Record on File.
- C. The Administrator of the Appeal will add any missing materials or remove any improperly included materials and record and advise the Commission and the appellant institution of the date that the review of the existing Appeal Record on File is complete. No information may be added to the record after this date except the written statements by

the parties or additional information specifically requested by the Appeal Panel.

- D. Within twenty-one (21) calendar days of the date the review of the existing Appeal Record on File is complete, the appellant institution will submit a written appeal statement in support of its appeal, referencing the Appeal Record on File as appropriate.
 - 1. The institution may not include or refer to information or materials that are not part of the Appeal Record on File in the written appeal statement.
 - 2. If the appellant institution specified that new intervening financial information was available, it may submit that information in or with its written appeal statement and address it during any oral presentation at the appeal.
 - 3. If it so chooses, the appellant institution may indicate in its written statement that it will waive the right to an oral presentation and the appeal will be decided on the basis of written submissions only. This is the last opportunity to waive this right.
 - 4. The institution's written appeal statement is added to the designated Appeal Record on File.
- E. Within twenty-one (21) calendar days of receipt of the appellant institution's written appeal statement, the Commission will submit a written response in support of its adverse action, referencing the Record on File as appropriate.
 - 1. The Commission may not include or refer to information or materials that are not part of the Appeal Record on File in the written response.
 - 2. The Commission's written response is added to the designated Appeal Record on File.
- F. The latest date that any new information that has been allowed by the Chair of the Appeal Panel, the institution's written appeal statement, and the Commission's written response are added to the record is the date of the official designation of the Appeal Record on File. The Administrator of the Appeal will record and advise the Commission and the appellant institution of the date that the Appeal Record on File is designated and final.

VII. Procedures for Scheduling of the Appeal Hearing

- A. The Administrator of the Appeal, in consultation with the Chair of the Appeal Panel the members of the Appeal Panel, Counsel to the Appeal Panel, the appellant institution and its representatives, and the Commission will schedule the hearing within forty-five (45) calendar days of the date of the designation of the Appeal Record on File.
 - 1. The Administrator of the Appeal will make every effort to honor preferences but cannot guarantee requested dates.
 - 2. The hearing will be held virtually unless the appellant institution requests an in-person appeal hearing. The appellant institution is responsible for the costs associated with an in-person hearing.
 - 3. If an in-person hearing is requested, the Commission will determine the location.
 - 4. The Administrator of the Appeal will notify the parties of the date of the hearing.
- B. The appellant institution or the Commission may petition the Chair of the Appeal Panel, for good cause, to set the hearing for a different date or location, at the discretion of the Chair.

The decision of the Chair on any scheduling matters will be final.

- C. In the event the appellant institution has waived its right to make an oral presentation before the Appeal Panel and the appeal is to be determined based on the designated Appeal Record on File, the Chair of the Appeal Panel will schedule a meeting of the Appeal Panel within forty-five (45) calendar days of the date of the designation of the Appeal Record on File. The date for the meeting will be determined by the availability of the members.
- D. In the case of a waiver of a hearing or the failure of the appellant institution's representatives to appear, the decision of the Appeal Panel will be made based on the designated Appeal Record on File (including the written appeal statement by the appellant institution and the Commission's written response).
- E. The Chair of the Appeal Panel will convene a pre-hearing telephone conference call for the purpose of discussing any procedural matters or other concerns of the parties in advance of the hearing.

VIII. Procedures for the Conduct of the Appeal Hearing

- A. The appellant institution and the Commission will provide a list of the names, titles, addresses, phone numbers, and email addresses of all representatives (including counsel or other professional representatives) who will attend the hearing to the Administrator of the Appeal at least fifteen (15) calendar days before the hearing date.
 - 1. An appeal proceeding is not a public proceeding and attendance at a hearing will be limited to the identified representatives only.
 - 2. The parties should avoid ex parte communications with the members of the Appeal Panel outside of the appeal proceeding.
- B. The hearing is not a judicial proceeding and no formal rules of evidence apply. The parties are not permitted to conduct discovery, present, or cross-examine witnesses, or exercise other evidentiary rights and privileges ordinarily provided to litigants.
- C. The Chair of the Appeal Panel will ensure that extraneous information not properly designated in the Appeal Record on File is excluded from consideration and any reference to such information is disregarded.
- D. The procedural determinations of the Chair of the Appeal Panel will be final.
 - 1. The Chair may establish equal time limits on presentations by the parties.
 - 2. The Chair will rule on all questions pertaining to the conduct of the hearing, including the Appeal Record on File, and may extend any of the deadlines set forth in these procedures for good cause shown by a requesting party.
- E. The appellant institution has the burden of proof in seeking to remand an adverse action and will make its oral presentation to the Appeal Panel first. The institution may not introduce new information during any oral presentation at the hearing.
- F. The Commission will have an opportunity to present its oral response to the appellant

institution's contentions. The Commission may not introduce new information during any oral presentation at the hearing.

- G. The members of the Appeal Panel may question either party at any point in the hearing.
- H. The Administrator of the Appeal will arrange for a stenographic transcript to be made of the hearing. The post-Hearing discussions, deliberations, and votes of the Appeal Panel will not be transcribed.
 - 1. The cost of transcription is an expense of the appeal and will be deducted from the institution's deposit.
 - 2. The Administrator of the Appeal will provide access to the transcript to the appellant institution and will add it to the designated Appeal Record on File.
- I. No post-hearing submissions will be permitted unless the Appeal Panel requests additional information on specific issues to clarify or verify information. Any requested additional information must be submitted within five (5) calendar days of the hearing and will be added to the designated Appeal Record on File.

IX. Procedures for the Decision of the Appeal Panel

- A. The Appeal Panel's decision will be based solely on the designated Appeal Record on File and on the hearing, if one is held, except as provided in Section VI: Procedures for the Designation of the Appeal Record on File (relating to information determined to be missing or improperly included during the review of the existing record).
- B. The Appeal Panel has limited authority to affirm, amend, or remand the adverse action in accordance with the Commission's *Accreditation Actions Policy and Procedures* and federal regulation 34 CFR § 602.25(f)(1)(iii). The Appeal Panel may make one of the following decisions:
 - 1. To affirm the Commission's action if the appellant institution is unable to prove, by clear and convincing evidence, that the adverse action should be appealed.
 - 2. To amend the adverse action, if the Appeal Panel finds some aspect of the adverse action should be altered.
 - 3. To remand the matter to the Commission if the appellant institution proves, by clear and convincing evidence, that the adverse action should be appealed.
- C. The Appeal Panel will render its decision to (1) affirm, (2) amend, or (3) remand the Commission's adverse action in writing and summarize its reasons in support thereof.
 - 1. The Appeal Panel must explain the basis for a decision to amend and provide instructions to the Commission.
 - 2. The Appeal Panel must explain the basis for a decision to remand, including the evidence that proves that the adverse action should be appealed.
 - 3. The Appeal Panel will render its decision in writing within thirty (30) calendar days of the conclusion of the hearing unless post-hearing submissions of additional information were requested by the Appeal Panel, in which case the decision will be rendered within thirty (30) calendar days of the date of receipt

of the post-hearing submissions.

- D. The Appeal Panel will provide notification of its decision to the Administrator of the Appeal, who will in turn provide the decision to the parties. The decision of the Appeal Panel may not be released to the general public, the press, or posted on any website, by any party (i.e. the appellant institution, the Commission, the members of the Appeal Panel, or any of their counsel or other representatives) until the final disposition of the appeal by the Commission.

X. Procedures for Subsequent Action by the Commission

- A. The Commission, or the Executive Committee on its behalf, will take an accreditation action in accordance with its *Accreditation Actions Policy and Procedures* to implement the Appeal Panel's decision at a special meeting to occur within thirty (30) calendar days of the Appeal Panel decision.
 - 1. The Commission will acknowledge receipt of a decision by the Appeal Panel to affirm the adverse action; the action is considered a final adverse action upon receipt of such a decision and is no longer subject to appeal.
 - 2. The Commission will acknowledge receipt of a decision by the Appeal Panel to amend the adverse action. The Commission will amend the adverse action consistent with the instructions provided by the Appeal Panel.
 - 3. The Commission will acknowledge receipt of a decision by the Appeal Panel to remand the adverse action back to the Commission. The Commission will take an action consistent with the Appeal Panel decision.
- B. The Commission will take an action on any dismissal of the appeal in accordance with these procedures.
- C. The Commission reserves the right, at its sole discretion, to continue ongoing monitoring activities throughout the appeal proceeding and any time the institution remains a candidate for accreditation status or accredited.
 - 1. The Commission may request follow-up reports or visits, request updated teach-out plans or agreements or request additional information.
 - 2. The Commission may amend the adverse action to revise the effective date of withdrawal or date that accreditation will cease.
 - 3. The Commission may, at any time for good cause shown and solely in the exercise of its discretion, rescind an adverse action previously taken.
- D. 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.
- E. An institution that has been subject to a final adverse action may not be considered for membership for two years in accordance with federal regulation 34 CFR § 600.11(c).
- F. All adverse actions are subject to the Commission's arbitration procedures consistent with the Commission's *Arbitration of Disputes Concerning Adverse Actions*

Procedures and federal regulation 34 CFR § 602.20(e).

XI. Procedures for Costs of Appeal

- A. The appellant institution is responsible for the costs of the Appeal including the costs incurred by the Commission in connection with the Appeal Panel's reviewing, hearing, and deciding the appeal.
 - 1. The costs of appeal include the cost of reproducing the Record on File for the parties and the Appeal Panel members, copying or coding, travel, accommodation, transcription, facilities, as well as the Appeal Panel's legal fees associated with its review of an appeal.
 - 2. The costs of appeal do not include the costs or legal fees incurred by an institution seeking the appeal, or by the Commission in responding to an appeal, which will be borne by each party.
- B. As described in Section III, in order to perfect the filing of the appeal, the institution must remit payment in the amount of \$20,000 as a deposit toward costs with the *Notice of Intent to Appeal*.
 - 1. The deposit is payable to the Middle States Commission on Higher Education and must be paid via Automated Clearing House (ACH) deposit.
 - 2. Failure to make a timely deposit is grounds for dismissal of the appeal as administratively defective.
- C. After issuance of the Appeal Panel's decision, the Administrator of the Appeal will review and approve all expense reports, pay all costs, and provide the appellant institution with an accounting of the costs of appeal.
 - 1. If the costs are less than the deposit, the Administrator of the Appeal will enclose a refund of the excess deposit with the accounting of the costs of the Appeal.
 - 2. If the expenses exceed the amount of the deposit, the Administrator of the Appeal will enclose a bill with the accounting of the costs of the appeal.

XII. Definitions

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

- A. **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, complaints or third-party comments, action notifications, substantive change requests, transcripts of proceedings, team rosters, and any correspondence of record. Accreditation materials are considered confidential information and are retained as part of the institutional record in accordance with the Commission's Maintenance and Retention of Commission Records Policy and Procedures.
- B. **Accreditation phase.** The stage of the institution in the accreditation lifecycle (applicant, candidate, accredited). The phase will also indicate if an institution is a former applicant, candidate, or accredited institution. Accreditation phase is posted on the institution's directory listing on the MSCHE website, with the exception of applicant institutions which are not displayed publicly in the institution directory.

- C. Accreditation status.** The member institution's standing with the Commission based on the most recent grant of candidate for accreditation status, grant of accreditation, reaffirmation, non-compliance, or adverse action taken by the Commission. Accreditation status is posted on the institution's directory listing on the MSCHE website.
- D. Academic personnel.** An individual who is currently or recently engaged in a significant manner in postsecondary teaching and/or research, or other appropriate professionals with sufficient responsibility to the institution to assure the continuity and coherence of the institution's educational programs (*definition in MARCHE Bylaws*)
- E. Administrative personnel.** An individual who is currently or recently directly engaged in a significant manner in postsecondary program or institutional administration (*definition in MARCHE Bylaws*).
- F. Administrator of the Appeal.** An individual from the Commission staff designated by the President of the Commission to serve as an administrator to carry out designated functions under these procedures.
- G. Adverse Action.** An accreditation action taken by the Commission to:
1. deny the Candidate for Accreditation status of an institution;
 2. withdraw Candidate for Accreditation status of an institution;
 3. deny accreditation; or
 4. withdraw accreditation.
- H. Appeal.** A timely request by an institution filed in accordance with these procedures for a review by an Appeal Panel of an adverse action of the Commission.
- G. Arbitration.** A post-appeal proceeding in which certain defined disputes are resolved by an Arbitrator out of court, without a judge or jury, pursuant to the rules established by the Arbitration Administrator and the Commission's procedures for arbitration.
- H. Appellant institution.** A member institution that is the subject of an adverse action and has filed an appeal in accordance with these procedures.
- I. Commission representative.** Any individual who represents or serves the Commission, including peer evaluators, Commission staff, and Commissioners.
- J. Counsel to Appeal Panel.** An attorney engaged to provide counsel to the Appeal Panel throughout the appeal process.
- K. Date of Receipt.** The date a document is actually received by a party, as evidenced by a postal service, courier or private carrier receipt, the date of upload into the Commission's secure MSCHE portal, or an email receipt when email delivery is permitted under these procedures.
- L. Day.** Any reference to the word "day" or "days" will mean calendar day or calendar days,

respectively, including weekends. To the extent a deadline falls on a weekend or United States Federal Holiday or when MSCHE offices are closed, the next applicable business day will be the deadline as expressly provided by the Commission.

- M. Final adverse action.** A final determination by the Commission regarding an adverse action taken against an accredited or candidate institution at the conclusion of any appeals process available to the institution under the Commission's policies and procedures (*based on the federal definition in 34 CFR § 602.3*).
- N. Institutional record.** The compilation of all materials and data the Commission has on file related to the applicant, candidate, or accredited institution, including but not limited to the 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.
- O. Peer evaluator.** An individual who is selected and assigned to an accreditation activity by the Commission staff. This individual is part of the multi-level accreditation decision-making process and will participate in the proposal of an accreditation action. Peer evaluator is not intended to include a Commissioner serving in an official Commissioner capacity on a committee or the Commission. Peer evaluator is not intended to include an assistant or any other observer of an accreditation activity.
- P. Public Representative.** An individual who is not an employee, governing board member, owner, shareholder, or consultant of an institution accredited by the Commission or a candidate for accreditation 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 (*federal definition in 34 CFR § 602.3 and MARCHE Bylaws*).
- Q. Record on File.** A segment of the institutional record (defined in this section) used in a Commission proceeding such as show cause appearance or appeals. It includes but is not limited to the accreditation materials for accreditation activities for the period of non-compliance (since the first non-compliance action), transcripts from other proceedings, action notifications, and correspondence of record.

Number: P7.4

Version: 2022-10-01 APPROVED

Effective Date: October 1, 2022

Created: 2007 (MSCHE created its own policy)

Initial Approval: December 1, 1994 by membership at Annual Meeting

Previously Issued: February 1995 (MSA)

Approved: Approved by Executive Leadership Team, September 26, 2022

Revisions: March 19, 2008, 2013; November 18, 2014; November 20, 2014; June 25, 2015; July 27, 2015; April 21, 2017 (technical amendment); July 1, 2021 (substantive revision); November 8, 2021 (editorial); October 1, 2022 (technical amendment-USDE)

Related Documents: *Accreditation Actions Policy; Accreditation Actions Procedures; Arbitration of Disputes Concerning Final Adverse Actions Procedures; Conflict of Interest: Commission Representatives; Communication in the Accreditation Process Policy; Communication in the Accreditation Process Procedures, MARCHE Bylaws*

Federal regulations: 34 CFR § 600.11, 602.3, 602.20(e), 602.25, 602.26

Appendix A

Acknowledgement of Adverse Action and Option to Exercise or Waive the Right to An Appeal

☐ **Acknowledge Adverse Action and Exercise the Right to An Appeal**

I, _____, the undersigned, on behalf of _____, hereby acknowledge the adverse action taken by the Middle States Commission on Higher Education and exercise the right to an appeal. I understand that a Notice of Intent to Appeal must be filed within fifteen (15) calendar days of the date of receipt of the notice of the adverse action and the Commission's *Appeals from Adverse Actions Procedures* must be followed.

☐ **Acknowledge Adverse Action and Waive the Right to An Appeal**

I, _____, the undersigned, on behalf of _____, hereby acknowledge the adverse action taken by the Middle States Commission on Higher Education and waive the right to an appeal. I understand that a waiver of the right to an appeal is final. The adverse action is considered final upon a waiver and is no longer subject to appeal. The candidate for accreditation status or accreditation of the institution will cease on the effective date established by the Commission in the adverse action.

By providing my signature, I affirm that I have the authority to make this decision on behalf of _____:

Signature Date

Printed Name

Title

Return to:
Administrator of the Appeal
Middle States Commission on Higher Education
By Email: policy@msche.org

Appendix B

Notice of Intent to Appeal Form

If an institution has submitted its intention to exercise the right to an appeal (Appendix B), the institution must submit the *Notice of Intent to Appeal Form* within fifteen (15) calendar days of the date of receipt by the institution of the notice of the adverse action.

1. The *Notice of Intent to Appeal* must include a clear statement of the factual basis and circumstances for the appeal:
2. The *Notice of Intent to Appeal* must include a clear statement if the institution chooses to make an oral presentation before the Appeal Panel, or to waive the right to make an oral presentation and have the appeal decided on the basis of written submissions only. A waiver of the right to make an oral presentation before the Appeal Panel is final. An appellant institution is provided one more opportunity to waive the right to an oral presentation when it files its written statement in support of its appeal.
3. The Notice of Intent to Appeal must include a clear statement if the institution chooses to be represented by legal counsel or other professional in the appeal proceeding, or not to be represented. If the institution chooses to be represented, the names, titles, addresses, phone numbers and email addresses of those representatives should be provided:

Required Signatures:

The institution must provide the signatures of the appellant institution's Chief Executive Officer (CEO)/President and the chair of its governing body. If either individual is not available, the institution must provide an explanation.

Signature of CEO

Date

Printed Name

Title

Signature of Chair of Governing Body

Date



Printed Name

Title

Return to:
Administrator of the Appeal
Middle States Commission on Higher Education
By Email: policy@msche.org

Appendix C

Overview of the Timetable

This timetable is provided for planning purposes only and is subject to change. In the event of any conflict, Commission policy and procedures shall prevail.

Event	Party Responsible	Detail
Notification of adverse action (<i>mail hard copy with delivery confirmation</i>)	Commission	Section III.A. Within thirty (30) calendar days of the date of the Commission's action
<i>Notification to Secretary, State, and other Accreditors at the same time as notification to the institution</i>	<i>Commission</i>	<i>Communications Policy/Procedures</i>
Acknowledge Adverse Action and Exercise the right to Appeal <u>or</u> Waive the right to appeal	Appellant Institution	Section III.B. Within five (5) calendar days of the date of receipt of the Notification of Adverse Action to the institution.
File Notice of Intent to Appeal:	Appellant Institution	Section III.D. and Section III.E. Within fifteen (15) calendar days of date of receipt of Notification of Adverse Action to the institution
Administrator of Appeal confirms no conflict of interest with Appellant institution	Administrator of Appeal	Section III.F. Upon receipt of timely Notice of Intent to Appeal and required deposit for costs the designated Administrator of the Appeal will confirm that they have no known conflicts of interest with the appellant institution.
Notify institution of name, title, contact information of Administrator of Appeal	Commission	Section III.F. 1 <i>Upon confirmation of Administrator of Appeal</i>
Institution affirms no conflict of interest with designated Administrator of Appeal or identifies conflict	Appellant Institution	Section III.F.2. Five (5) calendar days. Administrator is considered affirmed on the fifth day.
<i>If Conflict identified by Appellant, President designates replacement, at the Commission's discretion, subject to same challenge for conflicts</i>	President	Section III.F.3. Five (5) calendar days for Appellant to identify conflict. Administrator is considered affirmed on the fifth day.

<p>Acknowledge receipt of a timely, materially complete, and properly filed Notice of Intent to Appeal</p> <p>Or</p> <p>Dismiss the appeal as administratively defective if it is not timely or materially complete</p>	<p>Administrator of the Appeal</p>	<p>Section III.I. and Section IV.A</p> <p>Within fifteen (15) calendar days of the date of the receipt of the Notice of Intent to Appeal.</p>
<p>Review <i>Notice of Intent</i> to ensure on time, materially complete including required deposit, and all requirements met</p> <p>Notify institution immediately of any outstanding annual membership dues/fees and send invoice to institution</p> <p>Administrator develops a preliminary schedule for the appeal indicating established deadlines</p>	<p>Administrator of the Appeal</p>	<p>Section III.G. H. J.</p> <p>Within fifteen (15) calendar days of the date of receipt.</p>
<p>Cure any payment arrearage owed to the Commission via ACH deposit</p>	<p>Appellant Institution</p>	<p>Section III.H.</p> <p>Within five (5) calendar days of the date of the invoice</p>
<p>May request review of an administratively defective appeal with written justification demonstrating extraordinary circumstances</p>	<p>Appellant Institution</p>	<p>Section IV.B</p> <p>Within ten (10) calendar days of the date of dismissal</p>
<p>Select three members for the Appeals Hearing Panel and post the roster</p>	<p>Administrator of the Appeal</p>	<p>Section V.B.</p> <p>Within fifteen (15) calendar days of the date of acknowledgement of a timely, materially complete, and proper filing</p>
<p>Affirm no conflicts of interest with the proposed roster</p>	<p>Appellant Institution</p>	<p>Section V.B.5.</p> <p>Within ten (10) calendar days of the date the Appeal Hearing Panel is posted.</p>
<p>Conduct a review to uphold or overturn a dismissal of an appeal by the Administrator of the Appeal as administratively defective</p>	<p>Appeal Hearing Panel</p>	<p>Section IV.B.3.</p> <p>Within five (5) calendar days of the date the Appeal Hearing Panel is empaneled.</p>
<p>Make existing Record on File available for review by the parties</p>	<p>Administrator of the Appeal</p>	<p>Section VI.A.</p> <p>Within ten (10) calendar days of the date the Appeal Hearing Panel is finalized.</p>

Review of Record on File is complete and any missing materials added to the record	Administrator of the Appeal	Section VI.C.4. Within five (5) calendar days of the date -----
Submit written Appeal Statement	Appellant Institution	Section VI.D. Within twenty-one (21) calendar days of date of the date the review of the Record on File is complete.
Submit a written response in support of its adverse action	Commission	Section VI.H. Within twenty-one (21) calendar days of receipt of appellant institution's written Appeal Statement
Designation of the Appeal Record on File	Administrator of the Appeal	Section VI.F. The date all approved written materials are added to the record.
Schedule Hearing	Administrator of the Appeal	Section VII. Within forty-five (45) calendar days of the designation of the Appeal Record on File
Submission of post-hearing submissions	Appellant institution or Administrator of the Appeal	Section VII.J. Within five (5) calendar days of the Hearing
Render its decision and written statement explaining the decision to the appellant institution and the Administrator of the Appeal.	Appeals Hearing Panel	Section IX.F. Within fifteen (15) calendar days of the conclusion of the hearing or submission of post- hearing submissions, whichever is later
Take an accreditation action – at a specially scheduled meeting	Commission	Section X.A Within fifteen (15) calendar days of the Appeal Hearing Panel decision

Arbitration of Disputes Concerning Final Adverse Actions Procedures

Effective Date: October 1, 2022

Contents

- I. Purpose
- II. Scope of Arbitration Process
- III. Jury Trial and Class Action Waivers; Non-Preclusion
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- VI. Procedures for the Designation of the Arbitration Record on File
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- VIII. Procedures for Effect of Decision and Subsequent Action by the Commission
- IX. Procedures for Costs of Arbitration
- X. Procedures for Arbitration of Other Disputes Between an Institution and the Commission
- XI. Definitions

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 fair and expeditious procedures for an institution to submit disputes concerning final adverse actions to arbitration prior to any other legal action. Under applicable federal law, 20 U.S.C. § 1099b(e), 34 CFR § 600.4, 34 CFR § 602.20, an institution must arbitrate such disputes prior to taking any other legal action. The purpose of these procedures is to implement the *Accreditation Actions Policy and Procedures*. The institution and the Commission agree that the following procedures will apply in any such post-appeal arbitration.

II. Scope of Arbitration Process

The United States Department of Education's (USDE) regulations governing institutions of higher education (*34 CFR § 600.4(c)*) provide that the United States Secretary of Education does not recognize the accreditation of an institution unless the institution agrees to submit any dispute involving a final adverse action (denial or withdraw of candidate for accreditation status or accreditation) to arbitration prior to any other legal action. In accordance with federal regulations, Commission policy and procedures, and the MARCHE Bylaws, institutional members will exhaust all appeal opportunities pursuant to the Commission's *Appeals from Adverse Actions Procedures* and submit any post-appeal disputes to arbitration prior to taking any other legal action.

- A. The arbitration proceeding is not a *de novo* review. The scope of review is based solely upon the designated Appeal Record on File that existed when the Appeal Panel rendered its decision. This narrow standard of review reflects that arbitration is intended to resolve disputes "more quickly" than litigation and should be "considerably less expensive for the

accrediting agencies and schools than litigation in the first instance...” 84 Fed. Reg. 27412, 27447 (June 12, 2019).

- B. The burden of proof will be on the institution to demonstrate by clear and convincing evidence of the legitimacy of a dispute concerning final adverse action.
- C. The arbitration will be heard and determined by a single Arbitrator who is impartial and independent.
- D. The institution and the Commission have the right to be represented by legal counsel during the arbitration, each at its own expense.
- E. In accordance with the *Communication in the Accreditation Process Policy and Procedures*, Commission representatives will safeguard the confidentiality of discussions, conversations, accreditation materials, proposals for action, and the institutional record except as required by Commission policies or procedure, or applicable law.
- F. The institution and the Commission will provide all briefs, documents, and materials directly to the Arbitrator.
 - 1. The Commission will retain an independent record of the briefs, documents, or materials submitted in accordance with the Commission’s *Maintenance and Retention of Commission Records Policy and Procedures*.
 - 2. The institution is responsible for retaining a record of the submitted materials for its own use.
- G. The institution remains a candidate for accreditation status or accredited until the completion of any arbitration proceeding so long as the following conditions are met:
 - 1. The institution will not enroll new students.
 - 2. The institution will not market or recruit new students.
 - 3. The institution will provide a clear and accurate statement about its accreditation status for the public on its website.

If any of the three conditions listed above are violated, the Commission reserves the right to revise the date that accreditation will cease.
- I. The Arbitration and these *Procedures* shall be governed by the Federal Arbitration Act, 9 U.S.C. §§ 1 *et seq.*

III. Jury Trial and Class Action Waivers; Non-Preclusion.

- A. In arbitration, the parties waive any right to have claims or disputes decided by a jury.
- B. In arbitration, neither the institution nor the Commission will have the right to (i) participate in a class action in court or in arbitration, either as a class representative or class member, (ii) act as a private attorney general or in another representative capacity in court or in arbitration, (iii) join or consolidate claims with claims of any other person or entity or (iv) seek public injunctive relief.

- C. No arbitration award involving the institution and the Commission will have any preclusive effect as to issues or claims in any dispute involving anyone who is not a party to the Arbitration, nor will an arbitration award in prior disputes involving other parties have preclusive effect in an Arbitration between the institution and the Commission.

IV. Procedures for Requesting Arbitration

- A. 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.
 - 1. In the case of a final adverse action, the Commission will mail a hardcopy of the action notification with delivery confirmation. The date of the delivery confirmation is considered the date of receipt by the institution.
 - 2. The action notification will provide the action taken by the Commission, provide procedural information about the arbitration process, refer to these procedures, and include a statement that the institution is obligated to evenly share the fees and expenses charged by the Arbitration Administrator and the Arbitrator and bear its own legal expenses pursuant to Section IX: Procedures for Costs of Arbitration of these procedures.
- B. An institution may initiate arbitration by submitting a written *Notice of Intent to Arbitrate*, as specified herein, with the Commission within ten (10) calendar days of receipt of a notice of a final adverse action.
 - 1. The institution will submit its share of the required filing fees as provided for below in Section IX of these *Procedures*.
 - 2. The notice will contain a concise statement of the arguments that the institution intends to assert during the arbitration.
 - 3. The notice will be signed by the institution's Chief Executive Officer (CEO)/President or the chair of its governing body.
- C. The Commission will file the following with the Arbitration Administrator within ten (10) calendar days of the date of receipt of the *Notice of Intent to Arbitrate*:
 - 1. The institution's *Notice of Intent to Arbitrate* and the institution's statement;
 - 2. A statement of the arguments that the Commission intends to assert during the arbitration;
 - 3. The names and addresses of all parties and their counsel;
 - 4. A copy of these *Procedures* governing the Arbitration process; and
 - 5. The filing fees specified by the Arbitration Administrator (which will include the institution's share of the filing fees).

V. Procedures for Selection of the Arbitrator

- A. The arbitration will be administered by an Arbitrator selected from the National Roster of Arbitrators maintained by the Arbitration Administrator.
- B. The Arbitrator will be selected pursuant to the procedures specified in the Arbitration Administrator's rules for selecting an arbitrator from its National Roster. Any list(s) of potential arbitrators must identify at least five individuals who are lawyers experienced in

higher education matters (including but not limited to arbitrators who participate in JAMS Solutions for Higher Education) and/or retired appellate judges.

1. If there is any conflict or inconsistency between these *Procedures* and the Arbitration Administrator's rules on this or any other issue, these *Procedures* will govern.
2. If this process fails to identify an acceptable Arbitrator within thirty (30) calendar days and the parties are unable to agree on a substitute, a court with jurisdiction will select an Arbitrator, consistent with these qualifications, who will be bound to apply these *Procedures* and the rules of the Arbitration Administrator.
3. Neither the institution nor the Commission nor anyone acting on their behalf will communicate *ex parte* with the Arbitrator or anyone who is a candidate to be the Arbitrator.

VI. Procedures for the Designation of the Arbitration Record on File and Submission of Briefing

- A. The Commission will submit the Appeal Record on File (including the transcript of the Appeal Panel, if any) to the Arbitrator within ten (10) calendar days from the date of the appointment of the Arbitrator.
- B. Within ten (10) calendar days of receipt of the existing Appeal Record on File, the institution may file with the arbitrator and the Commission for inclusion in the Arbitration Record on File any material relevant to the Arbitration proceeding that was not included by the Commission but was reviewed by the Appeal Panel in making its decision. The institution is not permitted to submit any new material that was not submitted to the Appeal Panel prior to its decision.
- C. If there is any dispute concerning the documents or materials submitted, the Arbitrator shall promptly make a final decision as to whether such documents or materials will be included in the Arbitration Record on File.
- D. The Arbitrator, at any time during the pendency of the proceeding, may require the Commission or the institution to submit other documents or materials as additional exhibits, but only if they were submitted to the Appeal Panel prior to its decision.
- E. Within twenty-one (21) calendar days after the Arbitrator notifies the parties that the Arbitration Record on File is complete, the institution will submit to the Arbitrator and the Commission its written Arbitration Brief setting out the factual basis for disputing the final adverse action.
 1. The brief will be no longer than 25 double-spaced pages.
 2. The brief will reference documents, evidence, or materials in the Arbitration Record on File as appropriate.
 3. The brief will be submitted in PDF format.
- F. Within twenty-one (21) calendar days of receipt of the institution's Arbitration Brief, the Commission will submit to the Arbitrator and the institution a Response Brief.
 1. The brief will be no longer than 25 double-spaced pages.

2. The brief will reference documents, evidence, or materials in the Arbitration Record on File as appropriate.
 3. The brief will be submitted in PDF format.
- G. For good cause shown, the Arbitrator may extend the permissible length of a brief or may permit the filing of an additional brief.
- H. The existing Appeal Record on File (including the transcript of the appeal hearing), Arbitration Brief, Response Brief, and any additional exhibits will constitute the evidentiary Arbitration Record on File upon which the Arbitrator will render his or her decision.
- I. Neither the institution nor the Commission will be permitted to engage in adversarial discovery (including, without limitation, document requests, depositions, interrogatories, or requests for admission) during the Arbitration proceeding.

VII. Procedures for the Scheduling and Conduct of the Arbitration

- A. The Arbitration Administrator will schedule an arbitration at the earliest possible date within thirty (30) calendar days after receipt of all the briefs (the date of the designation of the Arbitration Record on File).
1. The arbitration will be held virtually (video conferencing) unless the institution requests an in-person arbitration.
 - a. The institution is responsible for the costs associated with an in-person arbitration.
 - b. The convening of an in-person arbitration may entail an additional administrative fee and additional compensation for the Arbitrator.
 - c. Any in-person arbitration will be held in a location reasonably convenient to the parties and determined by the Arbitrator.
 2. The parties may agree to waive the oral presentations before the Arbitrator and proceed to a decision on the documentary record and briefs only.
 3. The institution and the Commission will respond to requests from the Arbitrator for arbitration dates in a timely manner, be cooperative in scheduling the earliest practical date, and adhere to the established arbitration schedule.
- B. Within ten (10) calendar days of the scheduling of an arbitration, the institution and the Commission will submit to the Arbitrator and one another a list of the names, titles, phone, and email of all representatives (including counsel or other professional representatives) who will attend the arbitration. The arbitration is not a public proceeding and attendance will be limited to the identified representatives only.
- C. The arbitration will be conducted in accordance with these *Procedures* and the applicable rules of the Arbitration Administrator.
1. The arbitration will consist solely of legal argument.
 2. No fact witnesses will testify at the arbitration.
- D. The Arbitrator will be requested to conduct the arbitration expeditiously and may direct the parties to focus their presentations on issues that the Arbitrator finds most helpful to his or her consideration of the case.

- E. The Arbitrator may not consider evidence that was not in the record before the Appeal Panel issued its decision.
- F. The Commission will arrange for a stenographic transcript to be made of the arbitration for its own records.
 - 1. The institution may request a copy of the transcription and will be invoiced for its share of the cost.
 - 2. Upon receipt of payment, the Commission will provide the transcript to the institution.
- G. The Arbitrator will render a decision within thirty (30) calendar days from the date of closing of the arbitration or, if there were no oral presentations, from the date of the submission of all briefs and materials to the Arbitrator. The decision will be in writing, will be signed by the Arbitrator, and will provide the reasons for the decision.

VIII. Procedures for the Effect of Decision and Subsequent Action by the Commission

- A. The Arbitrator will have the authority only to affirm or reverse the decision of the Appeal Panel. The Arbitrator will not have authority to remand or amend the Appeal Panel's decision or require the institution or the Commission to take specified actions.
- B. The Commission, or the Executive Committee on its behalf, will take an accreditation action in accordance with its *Accreditation Actions Policy and Procedures* to implement the Arbitrator's decision at a special meeting to occur within thirty (30) calendar days of the Arbitrator's decision. The Commission reserves the right, at its sole discretion, to take any appropriate action available to it in *Accreditation Actions Policy and Procedures*.
- C. In the event the Arbitrator affirms the decision of the Appeal Panel, the Commission's adverse action will become final, binding, and fully enforceable within thirty (30) calendar days. Consistent with federal law, nothing herein precludes an institution from pursuing a legal remedy after the arbitration has concluded.
- D. In the event the Arbitrator reverses the decision of the Appeal Panel, the Commission will carry out that decision in a manner consistent with the decision, except that the Arbitrator will have no authority to grant accreditation to the institution. Pursuant to the regulations of the USDE, that power is reserved exclusively to the accreditation agency.
 - 1. The Commission may rescind the final adverse action.
 - 2. The Commission will review the Arbitration Record on File and consider the Arbitrator's written decision to determine whether further monitoring of the institution is required.
 - 3. The Commission may request follow-up reports or visits, request updated teach-out plans or agreements, or request additional information.
 - 4. The Commission may take a non-compliance action if conditions warrant.
- E. The Commission reserves the right, at its sole discretion, to monitor the institution throughout the arbitration proceeding and any time the institution remains a candidate for accreditation status or accredited by the Middle States Commission on Higher Education.

- F. 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.
- G. An institution that is subject to a final adverse action may not be considered for membership for two years from the date that accreditation ceases in accordance with federal regulation 34 CFR § 600.11(c).

IX. Procedures for Costs of Arbitration

- A. The institution and the Commission will evenly share the fees and expenses charged by the Arbitration Administrator and the Arbitrator. The Commission will request that each party is billed separately.
- B. The institution is responsible for the costs associated with an in-person arbitration if it requests one. The convening of an in-person arbitration may entail an additional administrative fee and additional compensation for the Arbitrator.
- C. The Commission will request a stenographic transcription of the arbitration, which the institution may request and make payment for a copy.
- D. The institution and the Commission will bear their respective legal fees for the Arbitration, unless the Arbitrator determines that the institution acted frivolously or in bad faith in commencing or continuing the Arbitration.

X. Procedures for Arbitration of Other Disputes (other than an adverse action) Between an Institution and the Commission

- A. All claims, disputes and controversies (whether past, present or future) arising out of or related to the relationship between an institution and the Commission, other than disputes that are the subject of the foregoing *Arbitration of Disputes Concerning Final Adverse Actions Procedures*, will be submitted to binding arbitration before the Arbitration Administrator pursuant to the applicable rules established by the Arbitration Administrator.
- B. The provisions set forth in the *Procedures for Arbitration of Disputes Concerning Final Adverse Actions* are incorporated herein by reference, except for the following provisions: II.A.1, 3; II.B.1-4; III.B, D-F, G.5, H.

XI. Definitions

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

- A. **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, complaints or third-party comments, action notifications, substantive change requests, transcripts of proceedings, team rosters, and any correspondence of record. Accreditation materials are considered confidential

information and are retained as part of the institutional record in accordance with the Commission's *Maintenance and Retention of Commission Records Policy and Procedures*.

- B. **Accreditation phase.** The stage of the institution in the accreditation lifecycle (applicant, candidate, accredited). The phase will also indicate if an institution is a former applicant, candidate, or accredited institution. Accreditation phase is posted on the institution's directory listing on the MSCHE website, with the exception of applicant institutions which are not displayed publicly in the institution directory.
- C. **Accreditation status.** The member institution's standing with the Commission based on the most recent grant of candidate for accreditation status, grant of accreditation, reaffirmation, non-compliance, or adverse action taken by the Commission. Accreditation status is posted on the institution's directory listing on the MSCHE website.
- D. **Adverse action.** An accreditation action taken by the Commission to:
 - a. deny the Candidate for Accreditation status of an institution;
 - b. withdraw Candidate for Accreditation status of an institution;
 - c. deny accreditation; or
 - d. withdraw accreditation.
- E. **Appeal.** A timely request by an institution filed in accordance with Commission policy and procedures for a review by an Appeal Panel of an adverse action of the Commission.
- F. **Arbitration.** A post-appeal proceeding in which certain defined disputes are resolved by an Arbitrator out of court, without a judge or jury, pursuant to the appropriate rules established by the Arbitration Administrator and the process set forth in these Procedures.
- G. **Arbitration Administrator.** JAMS (<https://www.jamsadr.com>).
- H. **Arbitrator.** The arbitrator selected under the rules of the Arbitration Administrator and these Procedures to preside over the arbitration.
- I. **Date of receipt.** The date a document is actually received by a party, as evidenced by a postal service, courier or private carrier receipt, the date of upload into the Commission's secure MSCHE portal, or an email receipt when email delivery is permitted under these procedures.
- J. **Day.** Any reference to the word "day" or "days" herein shall mean calendar day or calendar days, respectively, including weekends and Federal Holidays, unless otherwise expressly provided. To the extent a deadline falls on a weekend or Federal Holiday, the next business day will be the applicable deadline.
- K. **Final adverse action.** A final determination by the Commission regarding an adverse action taken against an accredited or candidate institution at the conclusion of any appeals process available to the institution under the Commission's policies and procedures (*based on a federal definition found in 34 CFR § 602.3*).

- L. **Institutional record.** The compilation of all materials and data the Commission has on file related to the applicant, candidate, or accredited institution, including but not limited to the all accreditation materials related to any accreditation activity, the record on file and transcripts for any proceeding, complaints, action notifications, 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.
- M. **Record on file.** A segment of the institutional record used in a Commission proceeding such as show cause appearance or appeal. It includes but is not limited to the accreditation materials for accreditation activities for the period of non-compliance (since the first non-compliance action), transcripts from other proceedings, action notifications, and correspondence of record.

Number:

Effective Date: October 1, 2022

Version: 2022-10-01 EFFECTIVE

Approved: Approved by Executive Leadership Team (ELT), September 26, 2022

Initial Approval Date: Approved by Cabinet June 7, 2021

Previously Issued:

Revisions: October 1, 2022;

Reissued:

Federal Regulations: 0 U.S.C. § 1099b(e), 34 CFR § 600.4(c), 600.11(c), 602.3, 602.20, 602.26

Related Documents: *Accreditation Actions Policy*; *Accreditation Actions Procedures*; *Appeals from Adverse Actions Procedures*; *Communication in the Accreditation Process Policy and Procedures*; *Dues and Fees Policy*; *Dues and Fees Procedures*; *Maintenance and Retention of Commission Records Policy and Procedures*; *MARCHE Bylaws*;

Communication in the Accreditation Process Policy

Effective Date: September 1, 2019

Contents

- I. Purpose
- II. Statement of Policy
- III. Procedures
- IV. Definitions

I. Purpose

The Middle States Commission on Higher Education (MSCHE or the Commission) seeks to ensure transparent and clear communication about the accreditation process with its constituencies (member and applicant institutions, government, other quality assurance agencies, the higher education community, and the public). The purpose of this policy is to outline the requirements for the Commission related to communication in the accreditation process. See the accompanying document *Communication in the Accreditation Process Procedures*.

II. Statement of Policy

As a member of the regulatory triad which oversees higher education institutions, the Commission holds a responsibility to share information with constituencies while ensuring the confidentiality of accreditation activities. The Commission shall share publicly information about itself and member institutions, provide notification of its accreditation actions, and communicate with government and other quality assurance agencies in accordance with federal regulation 34 CFR §602.23(a), §602.26, §602.27(a), and §602.28(e). The Commission shall determine when it is in the best interest of the public to release information to correct misleading information.

III. Procedures

The Commission staff will develop procedures as are necessary to ensure the consistent implementation of policies. See the *Communication in the Accreditation Process Procedures*.

IV. Definitions

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

- A. Accreditation activity.** All activities (reviews, on-site visits, etc.) 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 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, complaints or third-party comments, action notifications, substantive change requests, 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. Accreditation phase.** The stage of the institution in the accreditation lifecycle (applicant, candidate, accredited). The phase will also indicate if an institution is a *former* applicant, candidate, or accredited institution. Accreditation phase is posted on the institution's directory listing on the MSCHE website, with the exception of applicant institutions which are not displayed publicly in the institution directory.
- D. Accreditation status.** The member institution's standing with the Commission based on the most recent grant of candidate for accreditation status, grant of accreditation, reaffirmation, non-compliance, or adverse action taken by the Commission. Administrative, procedural, or substantive changes do not affect the accreditation status of an institution. Accreditation status is posted on the institution's directory listing on the MSCHE website.
- E. Commission representatives.** Individuals who represent or serve the Commission in any capacity including but not limited to peer evaluators, Commission staff, and Commissioners.
- F. Confidential information.** Confidential information includes, but is not limited to, all information related to the institution and not generally known in spoken, printed, electronic or any other form or medium relating, directly or indirectly to business practices, policies and procedures, plans, strategies, agreements and contracts, pending or future transactions, trade secrets, negotiations, computer and information technology resources information, accounting information and records, and financial information. Confidential information shall not include information that was required to be disclosed by law, regulation, other lawful means or any information that is generally known to the public or in the public domain.
- G. Correspondence of record.** Any written communication or correspondence between the institution's key contacts (as reported by the institution in the secure MSCHE portal) and Commission staff and any correspondence between other agencies or related entities and the Commission staff related to an institution. Correspondence of record is confidential and part of the institutional record.
- H. Database of Accredited Postsecondary Institutions and Programs (DAPIP).** A database operated and maintained by the federal government that provides information about institutions of higher education. The Commission reports required information to USDE through DAPIP. DAPIP may not always reflect the most recent accreditation action taken by the Commission; the official actions taken by the Commission appear on the Commission website and the institution's Statement of Accreditation Status (SAS).
- I. Institution directory.** The Commission's online listing of institutions that currently have candidate for accreditation status with or are accredited by MSCHE. The institution directory also provides pertinent information about former candidate or accredited institutions.
- J. Institutional record.** The compilation of all documentation that the Commission has on

file related to the institution including but not limited to accreditation materials and any materials received from the government or other quality assurance agencies related to the institution.

K. Member institution. All institutions that are accredited by MSCHE and all institutions that have been granted Candidate for Accreditation Status by MSCHE, that are in good standing with respect to payment of dues and fees, shall be institutional members of MSCHE. Accreditation and candidacy shall be established according to the standards for accreditation, requirements of affiliation, policies and procedures, and federal compliance requirements adopted by the Commission. (*MARCHE Bylaws Amended and Restated Effective as of July 1, 2019*)

L. Regulatory triad. The regulatory triad in U.S. higher education is comprised of three oversight bodies (accrediting agencies, state governments, and the federal government), all holding different roles in the institutional oversight process. These three entities are also known as the program integrity triad and are intended to provide a balance between consumer protection, quality assurance, and oversight and compliance in postsecondary education.

M. Related entity. A non-accredited entity that shares decision making responsibility with the member institution's governing body. A related entity may be a corporate parent, system administration or board, religious sponsor, funding sponsor (which, in some cases, may include an equity or investment fund), or other entity that can affect decisions related to accreditation. Related entities may include institutional or corporate layers or groups. Local, county, and state legislatures, other accreditors, local advisory boards, and government agencies are not considered related entities. Contractual arrangements in which the institution has a written contract for services with a non-accredited entity are not considered related entities.

N. Scope of accreditation. The institution's accreditation status covers a defined scope of educational offerings, including but not limited to credential levels, delivery methods, and locations which have been reviewed by the Commission during accreditation activities. Any substantive changes in the scope of accreditation must be reviewed through the substantive change review process before they are included within the institution's scope of accreditation by the Commission.

O. Statement of Accreditation Status (SAS). The Commission's official public statement about each institution's current accreditation status. The SAS is a downloadable, printable statement with information about the institution, including but not limited to the institution's accreditation phase, accreditation status, scope of accreditation, and a history of the accreditation actions taken by Commission for the past ten years.

Number: P4.1

Version: 2019-09-01 APPROVED

Effective Date: September 1, 2019

Approved: Approved by Membership August 5, 2019

Initial Approval: Approved by Membership April 1996;

Previously Issued: *Collegiality and Public Communication in the Accrediting Process*, November 1990; February 1991; 1993.

Revisions: March 2004; September 2004; April 2013, June 26, 2014 (C-RAC Common Language); October 16, 2017; September 1, 2019

Federal Regulations: *34 CFR §602.23(a); §602.26; §602.27(a); §602.28(e)*

Standards: Requirements of Affiliation #5, #14, Standard II

Related Documents: *Accreditation Actions Policy; Accreditation Actions Procedures; Appeals from Adverse Accrediting Actions; Government Agencies and the Commission on Higher Education; The Accreditation Liaison Officer (ALO): Roles and Responsibilities; Compliance with Accreditation-Relevant Federal Regulations; Public Disclosures Policy; Public Disclosures Procedures;*

Communication in the Accreditation Process Procedures

Effective Date: October 1, 2022

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I. Purpose

The Middle States Commission on Higher Education (MSCHE or the Commission) seeks to ensure transparent and clear communication about the accreditation process with its constituencies (member and applicant institutions, government, other quality assurance agencies, the higher education community, and the public). The purpose of these procedures is to implement the Commission's *Communication in the Accreditation Process Policy*.

II. Procedures for Communication between the Commission and Institutions

- A. The Commission staff shall establish appropriate and clear lines of communication with member (candidate and accredited) and applicant institutions to ensure that the institution understands the Commission's expectations for all accreditation activities.
- B. The institution will communicate with the Commission in English, both orally and in writing. Because of the multi-level accreditation decision-making process, accreditation materials must be provided in English.
- C. The Commission will communicate with individuals designated as key contacts, who are considered authorized representatives of the member institution as defined in section VIII.
- D. The institution will designate and maintain key contacts (Chief Executive Officer (CEO), Chief Academic Officer (CAO), Chief Financial Officer (CFO), Accreditation Liaison Officer (ALO), and Portal Delegate in the secure MSCHÉ portal. The institution may also designate a specific individual to receive information about invoices in the key contacts area of the portal.
- E. The Commission will consider the Chief Executive Officer (CEO)/President to be the official representative of the institution and will direct general

communications to the CEO. The Commission will consider the ALO to be the primary point of contact and will copy the ALO on official communications. In exceptional circumstances, the Commission reserves the right to communicate with the Chair of the institution's governing body at its discretion.

- F. The institution will update and maintain accurate key contact data in the secure MSCHE portal for each authorized representative of the member institution as needed but at least once a year during the Annual Institutional Update (AIU). The email for each key contact must be the individual's official institutional email and not a generic email such as info@, president@, or provost@.
- G. The institution's CEO (President) will appoint an Accreditation Liaison Officer (ALO) to serve as the primary point of contact with Commission staff and as a resource to the institution on accreditation issues in accordance with the *Mid-Atlantic Region Commission on Higher Education Bylaws*. The Commission expects the institution to abide by *The Accreditation Liaison Officer (ALO): Roles and Responsibilities*. One of the ALO's responsibilities is to ensure the accuracy of key contact data in the secure MSCHE portal for each authorized representative of the member institution.
- H. The Commission will assign a Commission staff liaison (vice president), with no known conflicts of interest with the institution, to serve as the primary point of contact with each member and applicant institution. The Commission staff liaison will communicate with key contacts and other institutional leaders about accreditation issues, consult with the institution during accreditation activities, conduct visits to the institution on specified occasions, and answer questions about MSCHE policies and procedures as requested.
- I. The institution will update the Commission of major developments through the Commission staff liaison.
- J. The institution will compile accreditation materials in a secure and confidential manner in accordance with applicable laws and regulations.
 - 1. The institution will submit only those documents which are required for review or as requested by the Commission.
 - 2. 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. The institution may designate business information within its submissions that it believes would be exempt from public disclosure under applicable federal or state public records laws and regulations.

III. Procedures for Sharing Information about the Commission

- A. The Commission will maintain and share information about itself with the public

through its website (www.msche.org).

- B. The Commission will maintain and make available to the public the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and federal compliance requirements, which explain the accreditation process and are used to determine accreditation actions, in accordance with federal regulation 34 CFR §602.23(a)(2) and (3).
- C. The Commission will maintain and make available to the public the names, academic and professional qualifications, and relevant employment and organizational affiliations of the following, in accordance with federal regulation 34 CFR §602.23(a)(5):
 - 1. The members of policy and decision-making bodies (the Commission); and
 - 2. The principal administrative staff.
- D. The Commission will publish news items, issue press releases, and/or share information regarding the review of, or major changes in, its standards for accreditation, requirements of affiliation, and policy and procedures.

IV. Procedures for Sharing Information about Member Institutions

- A. The Commission will maintain and share information about member institutions with the public through its website as described in this section.
- B. The Commission will publish an online Institution Directory of candidate and accredited institutions in accordance with federal regulation 34 CFR §602.23(a)(1) and (4).
 - 1. The Institution Directory will provide institutional information that includes but is not limited to institution name, address, accreditation phase, accreditation status, the date candidate for accreditation status or accreditation was granted, and the year the Commission will next review the institution.
 - 2. The Institution Directory will also provide information about the institution's scope of accreditation and a history of the accreditation actions taken by the Commission. Accreditation actions are defined in the Commission's *Accreditation Actions Policy and Procedures*.
- C. The Commission will publish an official public statement on its website, called the Statement of Accreditation Status (SAS), regarding each institution's accreditation status and scope of accreditation. The SAS is a downloadable, printable statement for use by the institution to validate its accreditation status with external entities.
- D. The Commission will publish a schedule of upcoming reviews on its website to provide an opportunity for the public to submit third party comments about institutions under review. See the Commission's policy *Third Party Comments* for a description of how third-party comments are used in the accreditation process.

- E. The Commission will publicly disclose a list of the geographic areas of accrediting activities (the states and jurisdictions in which member institutions operate) in accordance with federal regulation *34 CFR § 602.12(b)(1)*.
- F. The Commission may, at its discretion, publish news items, issue press releases, and share information regarding institutions.
- G. The Commission will direct any general inquiries to the institution.

V. Procedures for Notification of Accreditation Actions

- A. The institution is required to disclose non-compliance and adverse accreditation actions within seven calendar days of receipt to all current and prospective students in accordance with federal regulation *34 CFR § 602.26(b) and (e)*. The Commission provides procedures for this disclosure in the *Public Disclosures Policy and Procedures*.
- B. The Commission will provide official notification of accreditation actions to the institution no later than 30 calendar days after it takes an action in accordance with federal regulation *34 CFR § 602.26*.
 - 1. The Commission will send an email to the institution's Chief Executive Officer (CEO) and Accreditation Liaison Officer (ALO) to notify the institution that the action is available and viewable in the portal.
 - 2. The action notification is available in the secure MSCHE portal for the institution to view. Individuals designated as the institution's key contacts may log in to the portal at any time to view the action notification, which will be permanently retained in the institutional record.
 - 3. For non-compliance actions (warning, probation, show cause) and adverse actions (to deny or withdraw candidate for accreditation status or accreditation), the Commission will also mail a hardcopy of the action notification with delivery confirmation.
 - 4. The Commission will post a notification of non-compliance or adverse action on the Institution Directory and the SAS which summarizes the reasons for the Commission's action in accordance with federal regulation *34 CFR § 602.26(e)*.
 - 5. The Commission will provide the institution an opportunity to submit a brief institutional statement regarding the non-compliance. This statement is optional and must be submitted within 60 days of the action.
 - a. Instructions for submitting this statement will be provided in the action notification.
 - b. The Commission will 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 *34 CFR § 602.26(e)*.
 - c. The Commission will make the statement available to the public on its own website only. The Commission is not responsible for making this statement wherever else the institution's status may be posted publicly.

- C. 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 regulation *34 CFR § 602.26(a)(1-2)*.
 - 1. For non-compliance actions (warning, probation, show cause) and adverse actions (to deny or withdraw candidate for accreditation status or accreditation), the Commission will provide notification to these entities at the same time as it notifies the institution of the action in accordance with federal regulation *34 CFR § 602.26(b)*.
 - 2. The Commission will provide required notifications to the United States Department of Education (USDE) via the Database of Accredited Postsecondary Institutions and Programs (DAPIP).
 - 3. The Commission will provide notification to State agencies, other licensing or authorizing agencies, and other appropriate accrediting agencies via email.
- D. The Commission will provide notification of accreditation actions to the public within one calendar day of notifying the institution in accordance with federal regulation *34 CFR § 602.26(d)*.
 - 1. The Commission will post all accreditation actions organized by meeting date on its website.
 - 2. The Commission will post a list of all non-compliance and adverse actions on its website.
 - 3. The Commission will post all accreditation actions to the institution's online SAS.
- E. 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 the date of receipt of the notification from the institution in accordance with federal regulation *34 CFR § 602.26(f)(1)*.
 - 1. The Commission's procedures for voluntary surrender are explained in *Accreditation Review Cycle and Monitoring Policy and Procedures*.
 - 2. The Commission will provide required notifications to the United States Department of Education (USDE) via the DAPIP system.
 - 3. The Commission will provide notification to State agencies, other licensing or authorizing agencies, and other appropriate accrediting agencies via email.
- F. The Commission may respond to public inquiries about accreditation actions or it will direct them to the institution.

VI. Procedures for Communication with Government, Other Quality Assurance Agencies, and Related Entities

- A. The Commission staff will establish appropriate and clear lines of communication

with government or other jurisdictions, other quality assurance agencies, and identified related entities. See the Commission's *Government Agencies and the Middle States Commission on Higher Education Policy and Related Entities Policy*.

- B. The Commission staff will notify liaisons and representatives from government, systems of higher education, or related entities about upcoming accreditation activities.
 - 1. In consultation with the institution and the agency or related entity, the Commission will assist with coordinating the liaison's or representative's request to observe any on-site visit.
 - 2. Any observer of an accreditation activity will agree to the *Statement of Ethical Conduct*, including a commitment to maintaining confidentiality, in accordance with the *Peer Evaluators Policy and Procedures*.
 - 3. The Commission will determine if the liaison or representative will be provided with access to accreditation materials in the secure MSCHE portal, at its discretion.
- D. In addition to the notification of accreditation actions, the Commission will report the following information to the USDE through the DAPIP system, in accordance with federal regulation 34 CFR § 602.27:
 - i. a list, updated annually, of its accredited and candidate institutions, provided electronically through the institution directory on the Commission's website;
 - ii. 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;
 - iii. notification of any proposed change in policies, procedures, or standards that might alter its scope of recognition or compliance with the criteria for recognition;
 - iv. the name of any institution accredited by MSCHE that MSCHE 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;
 - v. 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.
- E. 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.
- E. 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 (pre-accreditation) of an institution or program and any adverse actions it has taken against an accredited or candidate institution in accordance with federal regulation *34 CFR § 602.28(e)*.
- F. In addition to the notification of accreditation actions, the Commission will report the following information to the USDE through the DAPIP system, in accordance with federal regulation *34 CFR § 602.27*:
- a. a list, updated annually, of its accredited and candidate institutions, provided electronically through the institution directory on the Commission's website;
 - b. 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;
 - c. notification of any proposed change in policies, procedures, or standards that might alter its scope of recognition or compliance with the criteria for recognition;
 - d. the name of any institution accredited by MSCHE that MSCHE 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;
 - e. 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.
- G. 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 antitrust laws and regulations are followed.
- H. The Commission reserves the right to communicate with related entities in order to share or obtain information necessary for the accreditation decision-making process in accordance with the Commission's *Related Entities Policy and Procedures*.

- a. The institution will provide appropriate contact information for a liaison or representative from the related entity with which the Commission may communicate.
- b. The Commission staff will copy the institution on all correspondence of record with the related entity.
- c. The Commission staff will retain correspondence of record with a related entity as part of the institutional record.

VII. Procedures for Confidentiality

- A. The Commission staff will safeguard the confidentiality of discussions, conversations, accreditation materials, proposals for action, and the institutional record except as required by Commission policies or procedure, or applicable law.
 1. The Commission staff will provide access to accreditation materials to Commission representatives for the sole purpose of accreditation decision-making.
 2. The Commission staff will direct public inquiries to the institution.
- B. The Commission staff will require Commission representatives and observers of an accreditation activity to agree to the *Statement of Ethical Conduct*, including a commitment to maintaining confidentiality, in accordance with the *Peer Evaluators Policy and Procedures*.
 1. Commission representatives and observers will use accreditation materials for the sole purpose of accreditation decision-making.
 2. Commission representatives and observers will ensure the proper standard of care of accreditation materials while they are in their possession.
 3. Commission representatives and observers will not share accreditation materials nor discuss proposals for action with anyone outside of the accreditation decision-making process.
 4. Commission representatives will not post information regarding accreditation activities on social media.
 5. Commission representatives and observers will not comment on a specific institution's accreditation activities to the media and will forward all inquiries from the media to the MSCHE Senior Director of Communications and Public Relations.
- C. The Commission will protect confidential information and the institutional record through any agreements with third party service providers. Third party service providers will sign confidentiality and non-disclosure statements.
- D. The Commission staff may be required to share otherwise confidential information in order to comply with a subpoena and/or court order. In such cases, the Commission may not be able to obtain prior consent from the institution. Consent is deemed waived by the institution in these circumstances.
- E. The Commission staff may be required to share otherwise confidential information with

government or other agencies when requested by appropriate officials, including but not limited to governmental investigative inquiries and the process of renewing its own recognition with the USDE and the Council for Higher Education Accreditation (CHEA). Confidentiality is deemed waived by the institution in these circumstances.

- F. While the Commission is a non-profit organization and is not subject to state or federal public records laws and regulations, it does provide materials to other agencies that may be subject to public disclosure or document production requests. The Commission will make a good faith effort to identify and redact personally identifiable information and to identify and redact any business information that is otherwise exempt from disclosure.
- G. The Commission will make a good faith effort to compile information in a secure and confidential manner before releasing it to any external party in response to a request for information.
 - 1. The Commission will conduct due diligence to redact personally identifiable and other sensitive personal information in confidential records, in accordance with applicable laws and regulations.
 - 2. The Commission will make a good faith effort to submit only those documents which are required for review or as requested by appropriate officials.
 - 3. The Commission will prepare and transfer records in a secure manner and as required in the request.
- H. The Commission may determine that it is necessary to make pertinent information, including accreditation materials or information about the institution's accreditation status, available to the public to correct misleading information, at its discretion. Confidentiality is deemed waived by the institution in these circumstances.
- I. Accreditation materials belong to the institution and the institution may share or publish its own accreditation materials at any time in the process. However, the institution will protect the confidentiality of personally identifiable information related to Commission representatives and will redact such information if the institution chooses to publish any accreditation materials.
- J. The Commission staff may use accreditation materials in training events with the prior consent of the institution.

VIII. Definitions

The following definitions are used 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 pre-applicant 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, complaints or third-party comments, action notifications, substantive change requests, transcripts of proceedings, team rosters, and any correspondence of record. Accreditation materials are considered confidential information and are retained as part of the institutional record in accordance with the Commission's *Maintenance and Retention of Commission Records Policy and Procedures*.
- C. Accreditation phase.** The stage of the institution in the accreditation lifecycle (pre-applicant, applicant, candidate, accredited). The phase will also indicate if an institution is a *former* applicant, candidate, or accredited institution. Accreditation phase is posted on the institution's directory listing on the MSCHE website, with the exception of applicant institutions which are not displayed publicly in the institution directory.
- D. Accreditation status.** The member institution's standing with the Commission based on the most recent grant of candidate for accreditation status, grant of accreditation, reaffirmation, non-compliance, or adverse action taken by the Commission. Accreditation status is posted on the institution's directory listing on the MSCHE website.
- E. Authorized representative from member institution.** The institution will designate specific individuals to serve as authorized representatives of the institution when they designate them as key contacts (CEO, ALO, CAO, CFO, Portal Delegate) in the secure MSCHE portal. Authorized representatives act responsibly on behalf of the institution in matters related to accreditation and are individuals with whom the Commission will directly communicate. The Commission may consider the Chair of the Board to be an authorized representative of the institution.
- F. Commission representative.** Any individual who represents or serves the Commission in any capacity including but not limited to peer evaluators, Commission staff, and Commissioners.
- G. Confidential information.** Confidential information includes, but is not limited to, all information related to the institution and not generally known in spoken, printed, electronic or any other form or medium relating, directly or indirectly to business practices, policies and procedures, plans, strategies, agreements and contracts, pending or future transactions, trade secrets, negotiations, computer and information technology resources information, accounting information and records, and financial information. Confidential information shall not include information that was required to be disclosed by law, regulation, other lawful means or any information that is generally known to the public or in the public domain.
- H. Correspondence of record.** Any written communication or correspondence related to the process of making decisions about an institution. Correspondence of record is not

miscellaneous correspondence with no significant business value including but not limited to notes of appreciation, congratulations, letters of transmittal, plans for meetings, confirmations of dates for staff visits, invitations to attend conferences, and other personal communications of commissioners, peer evaluators, or Commission staff. Correspondence of record is confidential and stored as part of the institutional record. Correspondence of record does not include text messages and instant messages for these purposes, as the Commission staff are prohibited from using text messaging or instant messaging to conduct official Commission business.

- I. Database of Accredited Postsecondary Institutions and Programs (DAPIP).** A database operated and maintained by the federal government that provides information about institutions of higher education. The Commission reports required information to USDE through DAPIP. DAPIP directs users to the accreditor's website for the most current accreditation information and may not always reflect the most recent accreditation action taken by the Commission; the official actions taken by the Commission appear on the Commission website and the institution's Statement of Accreditation Status (SAS).
- J. Institution directory.** The Commission's online listing of institutions that currently have candidate for accreditation status with or are accredited by MSCHE. The institution directory also provides pertinent information about former candidate or accredited institutions.
- K. Institutional record.** The compilation of all materials and data the Commission has on file related to the applicant, candidate, or accredited institution, including but not limited to the 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.
- L. Member institution.** All institutions that are accredited by MSCHE or granted Candidate for Accreditation Status by MSCHE that are in good standing with respect to payment of dues and fees. Accreditation and candidacy shall be established according to the standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements adopted by the Commission.
- M. Personal information.** Information that is identifiable to any person, including, but not limited to, information that relates to a person's name, health, finances, education, business, use or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, driver license numbers, other identifying numbers, and any financial identifiers.
- N. Regulatory triad.** The regulatory triad in U.S. higher education is comprised of three oversight bodies (accrediting agencies, state governments, and the federal government), all holding different roles in the institutional oversight process. These three entities are also known as the program integrity triad and are intended to provide a balance between

consumer protection, quality assurance, and oversight and compliance in postsecondary education.

- O. Related entity.** An entity, regardless of form, that is legally distinct from the institution but has a relationship, connection, or interdependency with the institution. Examples include but are not limited to (1) an individual, partnership, corporation, other entity, layer or group of ownership, or institution of higher education that exercises legal authority or control over the institution; (2) a subsidiary, controlled or supporting organization, other entity, or another institution of higher education for which the institution exercises legal authority or control over and thereby assumes liability; (3) an entity that has a voting interest and/or is granted a certain number of seats or representation on the institution's governing body such as a funding or religious sponsor; (4) a public college or university system administration or board which has legislative authority from an individual state, territory, or federal district over a group of institutions, or (5) a private college or university system administration or board which has legal authority over a group of institutions. Alumni associations, fundraising organizations, and teaching hospitals are not considered related entities. Local, county, and state legislatures, other accreditors, local advisory boards, and government agencies or jurisdictions are not considered related entities. External non-accredited entities with which the institution has a written contract for the provision of limited student services or programs are not considered related entities.
- P. Scope of accreditation.** The institution's accreditation status covers a defined scope of educational offerings, including but not limited to credential levels, delivery methods, and locations (branch campuses, additional locations, and other instructional sites) which have been reviewed by the Commission during accreditation activities. Any changes proposed by a member institution that are considered substantive per Commission policy and procedures must be reviewed through the substantive change review process prior to implementation in order to be included within the institution's scope of accreditation by the Commission.
- Q. Statement of Accreditation Status (SAS).** The Commission's official public statement about each institution's current accreditation status. The SAS is a downloadable, printable statement with information about the institution, including but not limited to the institution's accreditation phase, accreditation status, scope of accreditation, and a history of the accreditation actions taken by Commission.

Number:

Version: 2022-10-01 EFFECTIVE

Effective Date: October 1, 2022

Previously Issued: N/A

Approval: Approved by Executive Leadership Team (ELT), September 26, 2022

Approved/Created: Approved by Cabinet June 25, 2019

Revisions:

Federal Regulations: 34 CFR § 602.12; 602.23 Operating procedures all agencies must have; § 602.26 Notification of accrediting decisions; § 602.27 Other information an agency must provide the Department; § 602.28 Regard for decision of states and other accrediting agencies

Standards for Accreditation: Standard II

Requirements of Affiliation: #5, #14

Related Documents: Antitrust Compliance Policy; Antitrust Compliance Procedures; Accreditation Actions Policy;

Accreditation Actions Procedures; Government Agencies and the Commission on Higher Education; The Accreditation Liaison Officer (ALO): Roles and Responsibilities; Compliance with Accreditation-Relevant Federal Regulations; Mid-Atlantic Region Commission on Higher Education Bylaws; Peer Evaluators Policy; Peer Evaluators Procedures; Statement of Ethical Conduct; Third Party Comments;



STANDARDS FOR ACCREDITATION AND REQUIREMENTS OF AFFILIATION

Fourteenth Edition

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Published by the Middle States Commission on Higher Education

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Standards for Accreditation and Requirements of Affiliation replaces all the earlier editions of *Characteristics of Excellence in Higher Education: Requirements of Affiliation and Standards for Accreditation*: 1919, 1941, 1953, 1957, 1971, 1978, 1982, 1988, 1989, 1994, 2002, and those revised with editorial changes in 2006, 2007, 2008, 2011, 2015.

Introduction

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) requires that its institutions meet rigorous and comprehensive accreditation 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 meeting the quality standards of MSCHE accreditation, institutions earn accredited status, assuring students and the public of excellence in higher education.

Over the course of history, our identity has been closely aligned with assuring trust and instilling confidence in higher education. As an institutional accreditor, the Commission prides itself on advocating for honest self-reflection that results in meaningful change at our institutions.

We verify the quality of higher education through peer review, assessment, and evaluation. An institution is accredited when the educational community has confirmed through self-reflection and peer review that its mission is achieved and progress is made toward institutional goals. The extent to which each institution accepts and fulfills the responsibilities inherent in the process of accreditation is a measure of its commitment to continuous improvement.

Our *Standards for Accreditation and Requirements of Affiliation* serve as an ongoing guide for institutions considering application for membership, candidate institutions seeking initial accreditation, and accredited institutions striving for reaffirmation through engaged self-reflection and peer evaluation. Institutions are expected to demonstrate compliance with our *Standards for Accreditation, Requirements of Affiliation*, policies and procedures, and applicable federal regulatory requirements; conduct their activities in a manner consistent with the standards; and engage in ongoing processes of self-reflection and continuous improvement. Accredited institutions pursue excellence and innovation at all levels through ongoing quality assurance, improvement, innovation, and systematic, periodic, and sustained assessment.

In this document, each standard is expressed in one or two sentences and is then followed by criteria, which are used together, within the context of institutional mission, to demonstrate or determine compliance. The criteria specify characteristics or qualities that encompass the standard. The criteria are used holistically to evaluate how an institution meets the standards.

Principles

Five principles guide the analysis in each of our seven standards because of their importance in higher education.

Guiding Principles
1. Application of the Standards within the Context of an Institution's Mission and Goals
2. Centrality of the Student Experience
3. Reflection on Diversity, Equity, and Inclusion
4. Emphasis on Data and Evidence-based Decision-making
5. Innovation as an Essential Part of Continuous Improvement

Mission-Centric: Guiding Principle 1

The individual mission and goals of each institution remain the context within which our accreditation standards are applied. Our standards intentionally emphasize functions rather than specific structures in recognition of the many different models for educational and operational excellence.

Centrality of the Student Experience: Guiding Principle 2

The standards focus on the student learning experience. Institutions should design and provide student learning experiences aligned with mission, creating an appropriately supportive learning environment and understanding and improving student learning outcomes. An institution's student learning programs and opportunities must be characterized by rigor, coherence, and appropriate assessment of student achievement throughout the educational offerings, and institutions must offer a curriculum that is 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 (Standard III). Consistent with the institution's mission, the general education program must also include the study of values, ethics, and diverse perspectives (Standard III). Institutions must commit 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 (Standard IV).

Diversity, Equity, and Inclusion: Guiding Principle 3

Throughout the seven standards, institutions should reflect deeply and share results on diversity, equity, and inclusion (DEI) in the context of their mission by considering at a minimum: goals and actions (Standard I); demographics and policies or processes (Standard II and VII); curriculum and services (Standard III and IV); assessments (Standard V); and resource allocation (Standard VI). One goal of DEI reflection would be to address disparate impacts on an increasingly diverse student population if discovered. Throughout the standards, institutions define *DEI* and *populations* and follow best practices with attention to data integrity and security.

Data-Based Decision-Making: Guiding Principle 4

The standards reflect our commitment to data-based decision-making. Institutions must analyze a range of data, including disaggregated data, to ensure students are appropriately served and institutional mission and goals are met. Institutions should rely upon the data required by the Commission and additional data used by the institution. Institutions should follow the Commission's evidence expectations that are reflective of a range of data considerations, consonant with higher education expectations, and consistent with the institution's mission. Periodic and systematic evaluation and assessment allow institutions to demonstrate commitment to reflection, and our standards provide the opportunity to evaluate progress toward institutional goals. Institutions can leverage periodic assessment through each standard, using assessment results for continuous improvement and innovation to ensure levels of quality for constituents.

Innovation: Guiding Principle 5

Institutions are dynamic organizations that change and evolve for the benefit of their students and communities. The seven standards reflect our commitment to innovation and allow institutions to consider innovative practices in the context of mission and the students served.

United States Department of Education Recognition

MSCHE is recognized as an institutional accreditor by the United States Department of Education (USDE) to conduct accreditation and candidate for accreditation status activities for institutions of higher education, including distance education and correspondence education programs offered at those institutions. USDE recognizes accrediting agencies as authorities on the quality of higher education. Under the Higher Education Act's (HEA's) federal student aid programs, accrediting agencies recognized by the United States Department of Education must meet the Department's regulatory criteria. MSCHE is a title IV gatekeeper, and many institutions access title IV through our accreditation. Part of the work of MSCHE is ensuring institutions remain in compliance with applicable federal requirements, including through their title IV responsibilities.



Mission, Vision, and Values

Our Mission, Vision, and Values define our overall purpose, reflect our forward-thinking nature, and define values that guide our work.

Mission

The Middle States Commission on Higher Education (MSCHE) promotes educational excellence through innovation across diverse institutions.

Vision

To be a prominent voice and champion in higher education to leverage accreditation for our member institutions and students.

Values

Protecting the Future

We ensure that member institutions meet rigorous and comprehensive standards to protect educational quality.

Guiding for Good

We fuel discovery and progress for our community and society as an independent voice in higher education.

Setting the Standard

We promote quality through honest reflection, institutional growth, and meaningful change.

These values guide our external and internal relationships where integrity, respect, and self-improvement promote personal and collective growth, creativity, collaboration, accountability, and fair and equitable treatment.

Eligibility Requirements

An institution interested in accreditation with the Middle States Commission on Higher Education (MSCHE) is required to demonstrate that it meets minimum eligibility requirements. In determining eligibility, the Commission considers an institution's legal authority to operate or licensure, standing with other accreditors, operational status, mission and related goals, governance and administrative structures, financial resources, and certifications of information. The eligibility requirements are further defined in Commission policy and procedures.

Requirements of Affiliation

To be eligible for, to achieve, and to maintain Middle States Commission on Higher Education accreditation, an institution must demonstrate that it meets our requirements of affiliation. Compliance is expected to be continuous and will be validated periodically, typically at the time of institutional self-study and during any other evaluation of the institution's compliance. Once eligibility is established, an institution then must demonstrate on an ongoing basis that it meets the standards for accreditation.

1. The institution is authorized or licensed to operate as a postsecondary educational institution and to award postsecondary degrees; it provides written documentation demonstrating both. Authorization or licensure is from an appropriate governmental organization or agency as required by each of the jurisdictions, regions, or countries in which the institution operates.

Institutions that offer only postsecondary certificates, diplomas, or licenses are not eligible for accreditation by the Middle States Commission on Higher Education.

2. The institution is operational, with students actively enrolled in its degree programs.
3. For institutions pursuing candidate for accreditation status or the grant of accreditation, the institution will graduate at least one class before the team visit for the grant of accreditation takes place, unless the institution can demonstrate to the satisfaction of the Commission that the lack of graduates does not compromise its ability to demonstrate that students have achieved appropriate learning outcomes.
4. The institution must communicate with the Commission in English, both orally and in writing, including all accreditation materials to support the multi-level accreditation decision-making process.

Standard I: Mission and Goals

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.

Criteria

A candidate or accredited institution possesses and demonstrates the following attributes or activities:

1. clearly defined mission and goals that:
 - a. are developed through appropriate collaborative and inclusive participation by all who facilitate or are otherwise responsible for institutional development and improvement;
 - b. address external as well as internal contexts and constituencies;
 - c. are approved and supported by the governing body;
 - 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;
 - e. include support of scholarly inquiry and creative activity, at levels and of the type appropriate to the institution;
 - f. are publicized and widely known by the institution's internal stakeholders;
 - g. are periodically evaluated;
2. institutional goals that are realistic, appropriate to higher education, and consistent with mission;
3. goals that focus on student learning outcomes and student achievement that
 - a. include retention, graduation, transfer, and placement rates;
 - b. consider diversity, equity, and inclusion principles;
 - c. are supported by administrative, educational, and student support programs and services;
 - d. prioritize institutional improvement; and
4. periodic assessment of mission and goals to ensure they are relevant and achievable.

Standard II: Ethics and Integrity

Ethics and integrity are central, indispensable, and defining hallmarks of effective higher education institutions. In all activities, whether internal or external, an institution must be faithful to its mission, honor its contracts and commitments, adhere to its policies, and represent itself truthfully.

Criteria

A candidate or accredited institution possesses and demonstrates the following attributes or activities:

1. a commitment to academic freedom, intellectual freedom, freedom of expression, and respect for intellectual property rights;
2. a climate that fosters respect among students, faculty, staff, and administration from a range of diverse backgrounds, ideas, and perspectives;
3. 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;
4. the avoidance of conflict of interest or the appearance of such conflict in all activities and among all constituents;
5. fair and impartial employment practices, including all phases of hiring, evaluation, promotion, discipline, and separation, with appropriate attention to diversity;
6. honesty and truthfulness in public relations announcements, advertisements, recruiting and admissions materials and practices, as well as in internal communications;
7. as appropriate to its mission, has policies, services, or programs in place to:
 - a. promote diversity, equity, and inclusion;
 - b. promote affordability and accessibility;
 - c. enable students to understand funding sources and options, value received for cost, and methods to make informed decisions about incurring debt;
8. compliance with all applicable government laws and regulations and Commission policies and procedures, including but not limited to:
 - a. required information for students and the public;
 - b. representation of accreditation status;
 - c. full disclosure of information on institution-wide assessments, graduation, retention, certification and licensure or licensing board pass rates;
 - d. institution's compliance with the Commission's Requirements of Affiliation;
 - e. verification of student identity in distance and correspondence education;
 - f. substantive changes affecting institutional mission, goals, programs, operations, sites, and other material issues which must be disclosed in a timely and accurate fashion; and
9. periodic assessment of ethics and integrity as evidenced in institutional policies, processes, practices, and the manner in which these are implemented.

Standard III: Design and Delivery of the Student Learning Experience

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.

Criteria

A candidate or accredited institution possesses and demonstrates the following attributes or activities:

1. certificate, undergraduate, graduate, and/or professional programs leading to a degree or other recognized higher education credential:
 - a. are designed to foster a coherent student learning experience and to promote synthesis of learning;
 - b. are assigned a reasonably approximate number of credit hours (or other value) for the amount of work completed by a student;
 - c. include sufficient course content and program length appropriate to the objectives of the degree or other credential;
2. student learning experiences that are designed, delivered, and assessed by faculty (full-time or part-time) and/or other appropriate professionals who are:
 - a. rigorous and effective in teaching, assessment of student learning, scholarly inquiry, and service, as appropriate to the institution's mission, goals, and policies;
 - b. qualified for the positions they hold and the work they do;
 - c. sufficient in number with a core of faculty (full- 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;
- d. provided with and utilize sufficient opportunities, resources, and support for professional growth and innovation;
- e. reviewed regularly and equitably based on written, disseminated, clear, and fair criteria, expectations, policies, and procedures;
3. 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;
4. sufficient learning experiences and resources to support both the institution's programs of study and the academic progress of all student populations;
5. at institutions that offer undergraduate education, a general education program, free standing or integrated into academic disciplines, that:
 - a. offers a sufficient scope to draw students into new areas of intellectual experience, expanding their cultural and global awareness and cultural sensitivity, and preparing them to make well-reasoned judgments outside as well as within their academic field;

Standard III cont.

- b. offers 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. Consistent with mission, the general education program also includes the study of values, ethics, and diverse perspectives;
 - c. in non-US institutions that do not include general education, provides evidence that students can demonstrate general education skills;
- 6. in institutions that offer graduate and professional education, opportunities for the development of research, scholarship, and independent thinking, provided by faculty and/or other professionals with credentials appropriate to graduate-level curricula;
- 7. adequate and appropriate institutional review and approval on any student learning opportunities designed, delivered, or assessed by third-party providers; and
- 8. periodic assessment of the effectiveness of student learning experiences for all student populations.

Standard IV: Support of the Student Experience

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.

Criteria

A candidate or accredited institution possesses and demonstrates the following attributes or activities:

1. clearly stated, ethical policies, practices, and processes to recruit, 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, including:
 - 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 outcomes;
 - c. orientation, advisement, and counseling programs to enhance retention and guide students throughout their educational experience;
 - d. processes designed to enhance student achievement including certificate and degree completion, transfer to other institutions, and post-completion placement;
- e. processes to disaggregate and analyze student achievement data to inform and implement strategies that improve outcomes for all student populations;
2. fair and transparent policies and procedures regarding evaluation and acceptance of transfer credits, credits awarded through experiential learning, prior non-academic learning, competency-based assessment, and other alternative learning approaches;
3. policies and procedures for the safe and secure maintenance and appropriate release of student information and records;
4. if offered, athletic, student life, and other extracurricular activities that are regulated by the same academic, fiscal, and administrative principles and procedures that govern all other programs;
5. if applicable, adequate and appropriate institutional review and approval of student support services designed, delivered, or assessed by third-party providers; and
6. periodic assessment of the effectiveness of student support services for all student populations with appropriate metrics and evaluation.

Standard V: Educational Effectiveness Assessment

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.

Criteria

A candidate or accredited institution possesses and demonstrates the following attributes or activities:

1. clearly stated student learning outcomes at the institution and degree/program levels, which are interrelated with one another, with relevant educational experiences, and with the institution's mission;
2. 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 student learning outcomes that are appropriate to higher education with defensible standards for assessing whether students are achieving those outcomes;
 - b. articulate how they prepare students in a manner consistent with their mission for successful careers, meaningful lives, and, where appropriate, further education. They collect and provide data on the extent to which they are meeting these goals;
 - c. support and sustain assessment of student learning outcomes and communicate the results of this assessment to stakeholders;
3. consideration and use of disaggregated assessment results for all student populations for the improvement of student learning outcomes, student achievement, and institutional and program-level educational effectiveness;
4. if applicable, adequate and appropriate institutional review and approval of assessment services designed, delivered, or assessed by third-party providers; and
5. periodic assessment of the effectiveness of assessment policies and processes utilized by the institution for the improvement of educational effectiveness.

Standard VI: Planning, Resources, and Institutional Improvement

The institution's planning processes, resources, and structures are aligned with each other and are sufficient to fulfill its mission and goals, to continuously assess and improve its programs and services, and to respond effectively to opportunities and challenges.

Criteria

A candidate or accredited institution possesses and demonstrates the following attributes or activities:

1. institutional and unit goals that are clearly stated, assessed appropriately, linked to mission and goal achievement, reflect conclusions drawn from assessment results, and are used for planning and resource allocation;
2. clearly documented and communicated planning and improvement processes that provide for inclusive constituent participation;
3. planning that integrates goals for institutional effectiveness and improvement, including a focus on student achievement, educational outcomes, overall institutional improvement, and the results of institutional assessments;
4. planning for diversity, equity, and inclusion that is aligned with the institution's mission and goals, maintains sufficient resources, and leads to institutional improvement;
5. 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;
6. fiscal and human resources as well as the physical and technical infrastructure adequate to support its operations wherever and however programs are delivered;
7. documented financial resources, funding base, and plans for financial development, including those from any related entities adequate to support its educational purposes and programs and to ensure financial stability;
8. a record of responsible fiscal management, including preparing a multi-year budget and an annual independent audit confirming financial viability and proper internal financial controls, with evidence of corrective measures taken to address any material findings cited in the audit or an accompanying management letter;
9. well-defined, inclusive decision-making processes and clear assignment of responsibility and accountability for achieving institutional and unit effectiveness;
10. 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;

Standard VI cont.

11. compliance with its program responsibilities under existing federal title IV and other state laws and regulations, including any audits of financial aid programs as required by federal and state regulations;
12. strategies to measure and assess the adequacy and efficient utilization of institutional resources required to support the institution's mission and goals; and
13. periodic assessment of the effectiveness of planning, resource allocation, institutional renewal processes, and availability of resources.

Standard VII: Governance, Leadership, and Administration

The 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 a related entity, the institution has education as its primary purpose, and it operates as an academic institution with appropriate autonomy.

Criteria

A candidate or accredited institution possesses and demonstrates the following attributes or activities:

1. a clearly articulated and transparent governance structure that outlines roles, responsibilities, and accountability for inclusive decision making by each constituency, including the institution's legally constituted governing body, administration, faculty, staff, and students, as well as any related entities;
2. a legally constituted governing body that:
 - a. serves the public interest, ensures that the institution clearly states and fulfills its mission and goals, has fiduciary responsibility for the institution, and is ultimately accountable for the academic quality, integrity, planning, and fiscal well-being of the institution;
 - b. has sufficient diversity, independence, and expertise to ensure the integrity of the institution. Members must have primary responsibility to the accredited institution, meet regularly, and not allow political, financial, relationship with a related entity, or other undue influences to interfere with their governing responsibilities;
 - c. ensures that neither the governing body nor its individual members interfere in the day-to-day operations of the institution;
 - d. oversees at the policy level the quality of teaching and learning, the approval of degree programs and the awarding of degrees, the establishment of personnel policies and procedures, the approval of policies and by-laws, and the assurance of strong fiscal management;
 - e. plays a basic policy-making role in financial affairs to ensure integrity and strong financial management. This may include a timely review of audited financial statements and/or other documents related to the fiscal viability of the institution;
 - f. appoints and regularly evaluates the performance of the Chief Executive Officer;
 - g. is informed in all its operations by principles of good practice in board governance;
 - h. is not chaired by an institutional or system representative to avoid conflict of interests;

Standard VII cont.

- i. establishes and complies with a written conflict of interest policy designed to ensure the impartiality of the governing body by addressing matters such as payment for services, contractual relationships, employment, and family, financial or other interests that could pose or be perceived as conflicts of interest. A majority of members have no employment, family, ownership, or other personal financial interest in the institution;
 - j. supports the Chief Executive Officer in maintaining the autonomy of the institution;
 - k. makes freely available to the Commission accurate, fair, and complete information on all aspects of the institution and its operations and ensures the institution describes itself in comparable and consistent terms to all of its accrediting and regulatory agencies.
3. Chief Executive Officer who:
- a. is appointed by, evaluated by, and reports to the governing body and shall not chair the governing body;
 - b. has appropriate credentials and professional experience consistent with the mission of the organization;
 - c. has the authority and autonomy required to fulfill the responsibilities of the position, including developing and implementing institutional plans, staffing the organization, identifying and allocating resources, and directing the institution toward attaining the goals and objectives set forth in its mission;
 - d. has the assistance of qualified administrators, sufficient in number, to enable the Chief Executive Officer to discharge his/her duties effectively and is responsible for establishing procedures for assessing the organization's efficiency and effectiveness;
4. an administration possessing or demonstrating:
- a. an organizational structure that is clearly documented and that clearly defines reporting relationships;
 - b. an appropriate size and diverse representation 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;
 - d. skills, time, assistance, technology, and information systems expertise required to perform their duties;
 - e. regular engagement with faculty and students in advancing the institution's goals and objectives;
 - f. systematic procedures for evaluating administrative units and for using assessment data to enhance operations; and
5. periodic assessment of the effectiveness of governance, leadership, and administration.

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Public Disclosures Policy

Effective Date: September 1, 2019

Contents

- I. Purpose
- II. Statement of Policy
- III. Procedures
- IV. Definitions

I. Purpose

The Middle States Commission on Higher Education (MSCHE or the Commission) seeks to ensure that institutions publicly disclose consumer information in a manner that is honest and truthful. The purpose of this policy is to outline the Commission's requirements for member institutions related to public disclosure. See the accompanying document *Public Disclosures Procedures*.

II. Statement of Policy

The Commission shall require that member institutions publicly disclose truthful consumer information in accordance with Commission standards for accreditation, requirements of affiliation, policies and procedures, and federal regulation *34 CFR §602.16(a)(1)*. The Commission shall require that member institutions accurately represent their current accreditation phase, accreditation status, and scope of accreditation to the public, in accordance with federal regulation *34 CFR §602.23(d)*. The Commission shall require that member institutions correct any misleading information they have released, including information about their accreditation status with the Commission in accordance with federal regulation *34 CFR §602.23(e)*.

III. Procedures

The Commission staff will develop procedures as are necessary to ensure the consistent implementation of policies. See the *Public Disclosures Procedures*.

IV. Definitions

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

- A. Accreditation activity.** All activities (reviews, on-site visits, etc.) 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 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, complaints or third-party comments, action notifications, substantive change requests, 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. Accreditation phase.** The stage of the institution in the accreditation lifecycle (applicant, candidate, accredited). The phase will also indicate if an institution is a *former* applicant, candidate, or accredited institution. Accreditation phase is posted on the institution's directory listing on the MSCHE website, with the exception of applicant institutions which are not displayed publicly in the institution directory.
- D. Accreditation status.** The member institution's standing with the Commission based on the most recent grant of candidate for accreditation status, grant of accreditation, reaffirmation, non-compliance, or adverse action taken by the Commission. Administrative, procedural, or substantive change actions do not affect the accreditation status of an institution. Accreditation status is posted on the institution's directory listing and the Statement of Accreditation Status (SAS) on the MSCHE website.
- E. Commission representatives.** Individuals who represent or serve the Commission in any capacity including but not limited to peer evaluators, Commission staff, and Commissioners.
- F. Correspondence of record.** Any written communication or correspondence (including email) between the institution's key contacts and Commission staff and any correspondence between other agencies or related entities and the Commission staff related to an institution. Correspondence of record is confidential and part of the institutional record.
- G. Institution directory.** The Commission's online listing of institutions that currently have candidate for accreditation status with or are accredited by MSCHE. The institution directory also provides pertinent information about former candidate or accredited institutions.
- H. Institutional record.** The compilation of all documentation that the Commission has on file related to the institution including but not limited to accreditation materials, and any information received from the government or other quality assurance agencies related to the institution.
- I. Member institution.** All institutions that are accredited by MSCHE and all institutions that have been granted Candidate for Accreditation Status by MSCHE, that are in good standing with respect to payment of dues and fees, shall be institutional members of MSCHE. Accreditation and candidacy shall be established according to the standards for accreditation, requirements of affiliation, policies and procedures, and federal compliance requirements adopted by the Commission. (*MARCHE Bylaws Amended and Restated Effective as of July 1, 2019*)
- J. Related entity.** A non-accredited entity that shares decision making responsibility with the member institution's governing body. A related entity may be a corporate parent,

system administration or board, religious sponsor, funding sponsor (which, in some cases, may include an equity or investment fund), or other entity that can affect decisions related to accreditation. Related entities may include institutional or corporate layers or groups. Local, county, and state legislatures, other accreditors, local advisory boards, and government agencies are not considered related entities. Contractual arrangements in which the institution has a written contract for services with a non-accredited entity are not considered related entities.

- K. Scope of accreditation.** The institution's accreditation status covers a defined scope of educational offerings, including but not limited to credential levels, delivery methods, and locations which have been reviewed by the Commission during accreditation activities. Any substantive changes to the scope of accreditation must be reviewed through the substantive change review process before they will be included within the institution's scope of accreditation by the Commission.
- L. Statement of Accreditation Status (SAS).** The Commission's official public statement about each institution's current accreditation status. The SAS is a downloadable, printable statement with information about the institution, including but not limited to the institution's accreditation phase, accreditation status, scope of accreditation, and a history of the accreditation actions taken by Commission for the past ten years.

Number: P4.2

Version: 2019-09-01, APPROVED

Effective Date: September 1, 2019

Initial Approval Date: Approved by Membership August 5, 2019

Issued: 09/04

Revisions: March, 12 2008; June 25, 2009, November 18, 2010, August 18, 2014 (technical amendment); October 16, 2017 (substantive revision); September 1, 2019 (substantive revision);

Federal Regulations: *34 CFR §602.16(a)(1)(vii-ix) Accreditation and preaccreditation standards*

CHEA: Standard B.1 (2010)

Standards: *Requirement of Affiliation #8; Standard II Ethics and Integrity, criteria 3, 6, 8. Standard III: Design and Delivery of the Student Learning Experience, criterion 3; Standard IV Support of the Student Experience criterion 1.a.*;

Related Documents: *Accreditation Actions Policy; Accreditation Actions Procedures, Communication in the Accreditation Process Policy; Communication in the Accreditation Process Procedures; Transfer Credit, Prior Learning, and Articulation; Teach-Out Plans and Agreements Policy; Teach-Out Plans and Agreements Procedures; Verification of Compliance with Accreditation-Relevant Federal Regulations;*



Public Disclosures Procedures

Effective Date: January 1, 2021

Contents

- I. Purpose
- II. Procedures for Public Disclosure of Consumer Information
- III. Procedures for Accurate Representation of Accreditation Status
- IV. Procedures for the Correction of Misleading Information
- V. Definitions

I. Purpose

The Middle States Commission on Higher Education (MSCHE or the Commission) seeks to ensure that institutions disclose consumer information to the public in a manner that is honest and truthful. The purpose of these procedures is to implement the *Public Disclosures Policy*.

II. Procedures for Public Disclosure of Consumer Information

- A. The institution will publicly disclose consumer information on its website, in accordance with Commission standards for accreditation, requirements of affiliation, policy and procedures, and with state and/or federal regulation, including any information required under HEOA, title IV participation, or any other applicable law or regulation.
 - 1. The institution is responsible for ascertaining applicable local, state, federal, or other law or regulations that pertain to the institution.
 - 2. The institution will organize disclosure requirements in an appropriate and efficient manner.
 - a. The institution may consolidate appropriate consumer information in one location with a single Uniform Resource Locator (URL).
 - b. This approach is recommended as it consolidates the information in one convenient location and addresses multiple accountability requirements for a variety of constituents.
- B. The institution will publicly disclose student achievement data on the institution's website that is up-to-date, accurate, and complete.
 - 1. The institution may provide the traditional IPEDS graduation rate.
 - 2. The institution may present multi-year data for comparison purposes.
 - 3. The institution may adjust the traditional graduation rate for variables or factors appropriate to institutional mission, at the institution's discretion.
 - 4. The institution may use alternative measures if traditional graduation rates do not apply (including but not limited to graduate-only institutions or institutions which do not serve first-time, full-time students).
 - 5. The institution may provide additional qualitative or quantitative student achievement data that accurately conveys the success of students attending that institution, at the institution's discretion. Examples include but are not limited to

completion rates, retention rates, placement data, employment data, licensure pass rates, student satisfaction data or student learning outcomes data.

6. The institution may provide additional information that provides context for the institution.
 7. The institution will disaggregate data if required by any applicable law or regulation.
 8. The institution will regularly update student achievement data to ensure that data are accurate, consistent, and complete. The institution should be prepared to explain how it validates data and maintains accuracy.
 9. The institution will report to the Commission the URL where the public can access student achievement data. The institution will update this URL whenever necessary through the secure MSCHE portal.
 10. The Commission will post this URL on the institution's directory listing on the MSCHE website.
- C. The institution will publicly disclose information about itself and its educational programs that is up-to-date, accurate, and consistent with institutional mission and goals, including but not limited to the following:
1. catalogs (including a mechanism to ensure the availability of archival editions to serve the needs of alumni and former and returning students);
 2. academic calendars and pertinent information about educational programs and courses, with required sequences of course offerings explicitly stated;
 3. program completion requirements, including length of time normally required to obtain a credential;
 4. if the institution has a written/contractual arrangement, reviewed and approved by the Commission, with a third-party provider to offer twenty-five (25) percent or more of an educational program, a clear statement about the arrangement in accordance with federal regulation § 668.43(a)(12)(i-iv);
 5. any unique requirements for career paths;
 6. 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 in accordance with federal regulation § 668.5(v);
 7. 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.
- D. The institution will publicly disclose relevant policies and/or procedures, including but not limited to:
1. Credit hour (see the Commission's *Credit Hour Policy*)
 2. Transfer of credit (see the Commission's policy *Transfer Credit, Prior Learning, and Articulation*)
 3. Admissions
 4. Complaints or grievances
 5. Withdrawals
 6. Student refunds
 7. Grading
 8. Satisfactory Academic Performance (SAP)

- E. The institution will publicly disclose accurate information regarding the cost of attendance, including tuition, fees, and expenses.
- F. The institution will publicly disclose information about the availability of student financial assistance for those who qualify and the process for disbursements, repayment, and refunds.
- G. The Commission will verify at regular intervals that member institutions have publicly disclosed the required information through the *Verification of Compliance with Accreditation Relevant Federal Regulations* and through accreditation activities.

III. Procedures for Accurate Representation of Accreditation Status

- A. The institution will publicly disclose a comprehensive statement about its accreditation status with MSCHE on its website and wherever accreditation is referenced in publications. This statement should be easily accessible to the public and institutional constituents and be up-to-date, accurate, and complete.
 - 1. The statement will include the institution's current accreditation phase and accreditation status, which are defined in Section V: Definitions and can be found in the Institution Directory on the Commission's website.
 - a. Accreditation phase and status should be updated when changes occur.
 - b. Accreditation phase and accreditation status granted by the Commission applies to the institution as a whole, not to individual programs or locations, nor to any other entity with which the institution is related or has any affiliation.
 - c. Institutions will not imply that specific programs are accredited by MSCHE since it is not a programmatic accrediting agency. The institution should state that the program or degree is offered at an institution that is accredited by MSCHE and provide contact information for the Commission.
 - 2. Institutions will not use the language "fully accredited" since MSCHE does not offer partial accreditation.
 - 3. The institution is required to display a non-compliance (warning, probation, or show cause) or adverse action within 7 calendar days of notification by the Commission in accordance with Commission policy and procedures and federal regulation *34 CFR § 602.26(b) and (e)*.
 - 4. An institution that is closing (will cease operations entirely) or is subject to an adverse action with an approved teach-out plan is required to publicly disclose a statement about the teach-out plan in accordance with *Teach-Out Plans and Agreements Policy and Procedures*.
- B. The institution will publicly disclose information about its scope of accreditation and accurately represent any substantive changes. See the Commission's *Substantive Change Policy and Procedures*.
 - 1. The institution will publicly disclose a list of all other geographic locations in which the institution operates and programs available at those locations.

2. The institution must wait until a substantive change request is submitted before advertising, marketing, or recruiting for the planned substantive change.
 3. Until the change is included within the institution's scope of 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."
- C. The institution may use the following sample statement. The required information described above (accreditation phase, accreditation status, non-compliance and adverse actions, and scope of accreditation) must be displayed.
- [Institution name] is a[n] [accreditation phase] institution and a member of the Middle States Commission on Higher Education (MSCHE) www.msche.org. [Institution name's] accreditation status is [Accreditation Reaffirmed/Non-Compliance Warning/ Non-Compliance Probation/Non-Compliance Show Cause]. The Commission's most recent action on the institution's accreditation status on [date] was to [reaffirm accreditation/warn the institution/place on probation/issue show cause/deny accreditation/withdraw accreditation].*
- MSCHE is an institutional accrediting agency recognized by the U.S. Secretary of Education and the Council for Higher Education Accreditation (CHEA).*
- D. The MSCHE logo may be used by member institutions in conjunction with the institution's statement about its accreditation status with MSCHE in accordance with the Commission's *MSCHE Logo Usage Guidelines*.
- E. Organizations that are not institutions of higher education and/or are not accredited and/or are not members of the Commission, including applicant institutions or organizations that may have some affiliation, partnership, or arrangement with a member institution, are prohibited from implying accredited status with the Commission in any way. The term accreditation is to be used only when accredited status is conferred to an institution of higher education by an accrediting agency recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA).
- F. The Commission will verify 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.

IV. Procedures for the Correction of Misleading Information

- A. 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.

- B. The Commission reserves the right to take any accreditation action in accordance with its *Accreditation Actions Policy and Procedures* if the institution does not comply with this policy or take corrective action in a timely manner.
- C. The Commission may determine that it is necessary to make pertinent information available to the public, at its discretion, to correct misleading information in accordance with the *Communication in the Accreditation Process Policy and Procedures*.

V. Definitions

The following definitions are used 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, complaints or third-party comments, action notifications, substantive change requests, transcripts of proceedings, team rosters, and any correspondence of record. Accreditation materials are considered confidential information and are retained as part of the institutional record in accordance with the Commission's Maintenance and Retention of Commission Records Policy and Procedures.
- C. Accreditation phase.** The stage of the institution in the accreditation lifecycle (applicant, candidate, accredited). The phase will also indicate if an institution is a *former* applicant, candidate, or accredited institution. Accreditation phase is posted on the institution's directory listing on the MSCHE website, with the exception of applicant institutions which are not displayed publicly in the institution directory.
- D. Accreditation status.** The member institution's standing with the Commission based on the most recent grant of candidate for accreditation status, grant of accreditation, reaffirmation, non-compliance, or adverse action taken by the Commission. Accreditation status is posted on the institution's directory listing on the MSCHE website.
- E. Commission representatives.** Individuals who represent or serve the Commission in any capacity including but not limited to peer evaluators, Commission staff, and Commissioners.
- F. Consumer information.** Information needed by consumers of a particular product when researching, purchasing, and completing a purchase.

- G. Correspondence of record.** Any written communication or correspondence related to the process of making decisions about an institution. Correspondence of record is not miscellaneous correspondence with no significant business value including but not limited to notes of appreciation, congratulations, letters of transmittal, plans for meetings, confirmations of dates for staff visits, invitations to attend conferences, and other personal communications of commissioners, peer evaluators, or Commission staff. Correspondence of record is confidential and stored as part of the institutional record. Correspondence of record does not include text messages and instant messages for these purposes, as the Commission staff are prohibited from using text messaging or instant messaging to conduct official commission business.
- H. Institution directory.** The Commission's online listing of institutions that currently have candidate for accreditation status with or are accredited by MSCHE. The institution directory also provides pertinent information about former candidate or accredited institutions.
- I. Institutional record.** The compilation of all materials and data the Commission has on file related to the applicant, candidate, or accredited institution, including but not limited to the 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.
- J. Member institution.** All institutions that are accredited by MSCHE or granted Candidate for Accreditation Status by MSCHE that are in good standing with respect to payment of dues and fees. Accreditation and candidacy shall be established according to the standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements adopted by the Commission.
- K. Related entity.** A non-accredited entity that shares decision making responsibility with the member institution's governing body. A related entity may be a corporate parent, system administration or board, religious sponsor, funding sponsor (which, in some cases, may include an equity or investment fund), or other entity that can affect decisions related to accreditation. Related entities may include institutional or corporate layers or groups. Local, county, and state legislatures, other accreditors, local advisory boards, and government agencies are not considered related entities. Contractual arrangements in which the institution has a written contract for services with a non-accredited entity are not considered related entities.
- L. Scope of accreditation.** The institution's accreditation status covers a defined scope of educational offerings, including but not limited to credential levels, delivery methods, and locations (branch campuses, additional locations, and other instructional sites) which have been reviewed by the Commission during accreditation activities. Any changes proposed by a member institution that are considered substantive must be reviewed

through the substantive change review process prior to implementation in order to be included within the institution's scope of accreditation by the Commission.

M. Statement of Accreditation Status (SAS). The Commission's official public statement about each institution's current accreditation status. The SAS is a downloadable, printable statement with information about the institution, including but not limited to the institution's accreditation phase, accreditation status, scope of accreditation, and a history of the accreditation actions taken by Commission.

Number: P4.2

Version: 2021-01-01, EFFECTIVE

Effective Date: January 1, 2021

Approved: Approved by Cabinet (Nov 10, 2020)

Initial Approval Date: Approved by Cabinet, April 23, 2019

Issued: 09/04

Revisions: March, 12 2008; June 25, 2009, November 18, 2010, August 18, 2014; October 16, 2017 (substantive revision); September 1, 2019 (substantive revision); January 1, 2021 (tech amend);

Federal Regulations: 34 CFR §602.16(a)(1)(vii-ix) Accreditation and preaccreditation standards

CHEA: Standard B.1 (2010)

Standards: Requirement of Affiliation #8; Standard II Ethics and Integrity, criteria 3, 6, 8. Standard III: Design and Delivery of the Student Learning Experience, criterion 3; Standard IV Support of the Student Experience criterion 1.a.;

Related Documents: Accreditation Actions Policy; Accreditation Actions Procedures, Communication in the Accreditation Process Policy; Communication in the Accreditation Process Procedures; Complex Substantive Change Procedures; Credit Hour Policy; Maintenance and Retention of Commission Records Policy; Maintenance and Retention of Commission Records Procedures; MSCHE Logo Usage Guidelines; Substantive Change Policy; Substantive Change Procedures; Transfer Credit, Prior Learning, and Articulation; Teach-Out Plans and Agreements Policy; Teach-Out Plans and Agreements Procedures; Verification of Compliance with Accreditation-Relevant Federal Regulations;

Teach-Out Plans and Agreements Policy

Effective Date: September 1, 2020

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- I. Purpose
- II. Statement of Policy
- III. Procedures
- IV. Definitions

I. Purpose

The Middle States Commission on Higher Education (MSCHE or the Commission) seeks to ensure that institutions submit a written teach-out plan to ensure the equitable treatment of students upon the occurrence of certain events or circumstances. The purpose of this policy is to outline the circumstances under which the Commission will require candidate and accredited institutions to submit a teach-out plan and/or teach-out agreement. See the accompanying documents *Teach-Out Plans and Agreements Procedures* and *Teach-Out Plans and Agreements Form*. See also the Commission's *Substantive Change Policy and Procedures* as some substantive changes require the submission of a teach-out plan in conjunction with the substantive change request.

II. Statement of 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 of any of the following events:

1. The institution is applying for or has Candidate for Accreditation status with the Commission;
2. 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;
3. The Commission takes a non-compliance action of probation or show cause;
4. 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;
5. 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);
6. 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;

7. The Commission takes an adverse action to deny candidate status, deny accreditation, or withdraw the candidate status or accreditation of the institution;
8. The institution notifies the Commission that it intends to cease operations entirely;
9. The institution intends to close any location (with students enrolled) that provides one hundred percent of at least one educational program;
10. A State licensing or authorizing agency notifies the Commission that the institution's license or legal authorization to provide an educational program has been or will be revoked;
11. The institution is voluntarily surrendering its candidate for accreditation status or accreditation and membership;
12. The institution is submitting any other substantive change for which a teach out plan and if practicable teach-out agreement(s) are necessary.
13. At the Commission's discretion, other circumstances including but not limited to, when an institution is placed on warning, in financial distress, under governmental investigation, at risk for a sudden closure or suspension of some or all of its operations, or is facing other significant challenges.

A. Early Notification

The Commission shall require the institution to provide early notification of a potential circumstance requiring a teach-out plan.

B. Submission of Teach-Out Plans and Teach-Out Agreements

The institution shall submit the teach-out plan and any teach-out agreements according to established procedures. The Commission may require the institution, or the institution may elect, to enter into one or more teach-out agreement(s) with other accredited institutions as part of the teach-out plan in accordance with federal regulation *34 CFR § 602.24(c)(5)*,

C. Review and Action on Teach-Out Plans and Agreements

The Commission shall review the teach-out plan and any teach-out agreements in accordance with federal regulation *34 CFR § 602.24(c)*. The Commission shall take action on the teach-out plan and any teach-out agreements in accordance with the *Accreditation Actions Policy and Procedures*.

III. Procedures

The Commission staff will develop procedures as are necessary to ensure the consistent implementation of policies. See the Commission's *Teach-Out Plans and Agreements Procedures* and the *Teach-Out Plans and Agreements Form*.

IV. Definitions

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

- A. Member institution.** All institutions that are accredited by MSCHE and all institutions that have been granted Candidate for Accreditation Status by MSCHE, that are in good standing with respect to payment of dues and fees, shall be institutional members of MSCHE. Accreditation and candidacy shall be established according to the standards for accreditation, requirements of affiliation, policies and

- procedures, and applicable federal regulatory requirements adopted by the Commission.
- B. 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 found in 34 CFR § 600.2, slightly modified to remove the word “program”)*
- C. 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 100 percent of at least one program offered, ceases to operate before all enrolled students have completed their program of study. *(federal definition found in 34 CFR § 600.2)*
- D. Teach-out period.** The start and end date for the full implementation of the teach-out plan and any teach-out agreements.
- E. Teach-out plan.** A written plan developed by the institution that provides for the equitable treatment of students to complete their education, including any teach-out agreements that the institution has entered into or intends to enter into with another institution. *(federal definition found in 34 CFR § 600.2)*

Number:

Version: 2020-09-01 EFFECTIVE (Technical Amendment)

Effective Date: September 1, 2020

Previously Issued: N/A

Initial Approval Date: November 14, 2018 (Commission); Dec 10, 2018 (Membership)

Approval: Approved by Cabinet, August 21, 2020

Revisions: N/A

Related Documents: *Teach-Out Plans and Agreements Procedures; Teach-Out Plans and Agreements Form; Substantive Change Policy, Substantive Change Procedures;*

Federal Regulations: *34 CFR § 602.23(f)(1)(ii); § 602.24(c)(1-10) Teach Out plans and agreements and § 602.24(d) Closed institution.*

Teach-Out Plans and Agreements Procedures

Effective Date: September 1, 2021

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- I. Purpose
- II. Procedures for Early Notification
- III. Procedures for the Submission of the Teach-Out Plan
- IV. Procedures for the Submission of Teach-Out Agreements
- V. Procedures for Commission Review and Action
- VI. Definitions

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 submit a written teach-out plan to ensure the equitable treatment of students upon the occurrence of certain events or circumstances. The purpose of these procedures is to implement the *Teach-Out Plans and Agreements Policy* and *Substantive Change Policy* regarding teach-out plans and/or agreements.

II. Procedures for Early Notification

- A. The institution will notify the Commission staff liaison as soon as it is aware of a potential circumstance requiring a teach-out plan, as delineated in Commission policy. This communication can occur informally (via phone call or email) to the Commission staff liaison.
- B. The institution will also notify the appropriate state higher education entit(ies) and the United States Department of Education (USDE) as soon as possible. The institution will meet all state and federal requirements when a teach-out plan is required and will work with the appropriate agencies to ensure the equitable treatment of students.
- C. The institution will notify all relevant stakeholders (currently enrolled and prospective students, faculty and staff, other stakeholders, and the public) as soon as possible that it will be implementing a teach-out plan. The institution will continually notify all relevant stakeholders of pertinent information related to the teach-out plan as it becomes available.
 - 1. The institution will notify currently enrolled and prospective students of additional financial charges, if any, that might be incurred as a result of the teach-out plan.
 - 2. Any notifications or information about teach-out agreements with other institutions must provide clear and accurate information about the number and types of credits that will be accepted and specify additional financial charges, if any, that will be charged by the teach-out institution.
 - 3. The Commission will require the institution to provide evidence that all notifications have been made in the *Teach-Out Plans and Agreements Form*.

4. The Commission may require corrections to misleading or inaccurate information.
- D. The institution will notify the designated Commission staff liaison, at any time, of revisions or amendments to the teach-out plan throughout or after the review process.

III. Procedures for the Submission of the Teach-Out Plan

- A. The Commission will require the institution to submit a teach-out plan and if applicable, teach-out agreement(s), for review prior to implementation for any circumstance or substantive change that requires a teach-out plan as delineated in Commission policy and procedures in accordance with the Commission's *Substantive Change Policy and Procedures*, *Teach-Out Plans and Agreements Policy and Procedures*, and federal regulation 34 CFR § 602.23(f)(1)(ii) and § 602.24(c)(1) and (2). The circumstances requiring a teach-out plan are listed in the *Teach-Out Plans and Agreements Policy* and are summarized here:
1. Candidate for Accreditation status;
 2. Determination by an independent auditor expressing doubt about the institution's ability to operate as a going concern or indicating an adverse opinion or material weakness related to financial stability;
 3. Commission non-compliance action of probation or show cause;
 4. Provisional program participation agreement;
 5. Heightened cash management (HCM 2);
 6. Secretary of Education's emergency action to limit, suspend, or terminate the institution's participation in any title IV, HEA program;
 7. Commission adverse action to deny candidate status or accreditation, or withdraw the candidate status or accreditation of the institution;
 8. Institution intends to cease operations entirely;
 9. Institution intends to close any location (with enrolled students) that provides one hundred percent of at least one program;
 10. A State licensing or authorizing agency will revoke license or legal authorization;
 11. Institution voluntarily surrenders candidate for accreditation status or accreditation;
 12. Any other substantive change requiring a teach-out such as a complex substantive change;
 13. Other circumstances at the discretion of the Commission.
- B. The Commission will request a teach-out plan through an accreditation action if that teach-out plan is not related to a substantive change. If the teach-out plan is related to a substantive change, the institution will submit the teach-out plan according to the instructions provided in the substantive change request form.
- C. The institution will develop a teach-out plan that is comprehensive and implementable pursuant to the instructions provided in the *Teach-Out Plans and Agreements Form*.
1. The institution will download the form from the MSCHE website.
 2. The institution will compile all required attachments which clearly and concisely provide the required documentation and evidence.

3. The institution will specifically reference all attachments within the narrative so that the relevance of the attachment is explicit.
 4. The institution will label all attachments exactly as stated in the *Teach-Out Plans and Agreements Form*.
 5. The institution will create one single PDF document combining the form and all attachments together.
 6. The institution's Accreditation Liaison Officer (ALO) will verify and certify the submission.
- D. In the *Teach-Out Plans and Agreements Form*, the institution will describe a comprehensive and implementable plan to make reasonable accommodations and assist students with completing educational programs or credentials or transferring to a new institution. The institution may be required to update the teach-out plan periodically by the Commission.
- E. In the *Teach-Out Plans and Agreements Form*, the institution will identify an estimated teach-out period during which time it can reasonably complete the full implementation of the teach-out plan and any agreement(s). If the institution is closing, it will also identify an anticipated date of closure.
1. The length of the teach-out period will depend on the type of teach-out.
 - a. For a planned institutional closure when the institution is teaching out its own students, the time period generally ranges from 12-24 months.
 - b. For a sudden institutional closure, the time period will be shorter.
 - c. For a candidate institution, the teach-out period 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)*.
 2. The Commission may approve a longer teach-out period when the institution has provided evidence that an extended period is warranted to equitably provide for students to complete their education and that the institution will continue to meet the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements.
 3. The teach-out period will not 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.
 4. When an institution closes, the Commission, in its sole discretion, will set the effective date that accreditation will cease.
 - a. The Commission will consider the date the institution has indicated in light of the capacity of the institution to continue instruction, the institution's accreditation status, the status of activities to close down operations, and the status of teach-out activities that are being implemented to assist students.
 - b. The Commission may permit the institution to continue operating without offering instruction for one additional semester for the express purpose of assisting students to complete programs or successfully transfer.

- F. In the *Teach-out Plans and Agreements Form*, the institution will provide a comprehensive plan for the disposition of all records related to the teach-out (e.g., student transcripts, billing, financial aid records), with the goal of ensuring that students can obtain records now and into the future.
- G. In the *Teach-out Plans and Agreements Form*, the institution will describe any state and federal requirements related to the teach-out. If the institution is closing, the institution will provide evidence of necessary approvals or that it has at least initiated the required process. The Commission will require an updated teach-out plan until all necessary approvals are documented.
- H. In the *Teach-Out Plans and Agreements Form*, an institution that plans to teach-out its own students must demonstrate the ability to complete the full implementation of the teach-out plan, including the capacity to teach-out its own students. The Commission will require the institution to submit teach-out agreements with other institutions if the institution does not demonstrate the ability to complete the teach-out on its own.
- I. In the *Teach-Out Plans and Agreements Form*, an institution that is closing will also provide (1) A complete list of students currently enrolled in each program at the institution and the program requirements each student has completed; (2) 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; and (3) 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).
- J. The institution's ALO will upload the completed *Teach-Out Plans and Agreements Form* to the secure MSCHE portal as a single PDF document. If teach-out agreements are required or the institution elects to enter into teach-out agreements, please see section IV for further instructions specific to teach-out agreements. The institution will combine all teach-out agreements with the teach-out plan into a single PDF document.
 - 1. The ALO must click "complete."
 - 2. The ALO will receive a confirmation email that the form has been uploaded.

IV. Procedures for the Submission of Teach-Out Agreements

Teach-out agreements are written agreements with other institutions which may be used to assist in the implementation of the teach-out plan. 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. Teach-out agreements should hold teach-out institutions 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.

- A. The Commission will require teach-out agreements with other institutions in addition to the teach-out plan, if practicable, for at least the following:
 - 1. Heightened Cash Monitoring (HCM 2);

2. Secretary of Education emergency action to limit, suspend or terminate the institution's participation in any title IV, HEA program;
 3. Commission adverse action to deny candidate for accreditation status or accreditation, or withdraw the candidate for accreditation status or accreditation of the institution;
 4. Institution intends to close (will cease operations entirely);
 5. Institution intends to close a location (with students enrolled) that offers 100% of an educational program;
 6. State licensing or legal authorization has been or will be revoked.
- B. At its discretion, 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.
- C. The institution may elect to enter into a teach-out agreement(s) with other institutions to assist with the implementation of the teach-out plan.
- D. The teach-out agreement should include a comprehensive description of the arrangements being made for students between the two institutions, including at least the following critical information:
1. Information on the number and types of credits that will be accepted by the teach-out institution;
 2. Information on the specific locations where instruction will be offered by the teach-out institution;
 3. Any additional financial charges or changes in tuition and fees.
 4. A description of the relevant educational program to ensure that it is comparable in quality and reasonably similar in content, delivery modality, and scheduling.
- E. If teach-out agreements are required by the Commission or the institution elects to enter into agreements with other institutions, the teach-out institutions must have candidate for accreditation status or accreditation status and be in good standing with an accrediting agency recognized by the USDE. In addition, the teach-out institution must not be subject to any of the following criteria:
1. A determination by an independent auditor expressing doubt about the institution's ability to operate as a going concern, or an adverse opinion or a finding of material weakness;
 2. The institution is on probation or equivalent status;
 3. The institution is participating in title IV, HEA under a provisional participation agreement;
 4. The Secretary has placed the institution on heightened cash management (HCM2);
 5. The Secretary has initiated an emergency action against the institution to limit participation in any title IV, HEA program;
 6. An agency has acted to withdraw, terminate or suspend the accreditation or preaccreditation of the institution;
 7. The institution intends to cease operations entirely;
 8. A state licensing or authorizing agency will or has revoked the institution's legal authorization;

9. 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.
- F. If teach-out agreements are required or the institution elects to enter into agreements with other institutions, the Commission will require the institution to submit signed copies of any teach-out agreements and any other documentation supporting the agreement in its submission. The Commission may not process the submission until signed copies are provided.
- G. The institution will submit all teach-out agreements with the teach-out plan as a single PDF document.

V. Procedures for Commission Review and Action

- A. The Commission will review the teach-out plan and teach-out agreement(s) in accordance with federal regulation *34 CFR § 602.24(c)(1-10)*.
- B. The Commission staff will review all submissions to ensure they are materially complete.
- C. The Commission staff have the authority to determine whether or not the teach-out plan and agreements form is complete at any time during the review process.
 1. The Commission staff may request additional information, including teach-out agreements, from the institution before proceeding with the review process.
 2. If requested additional information is not yet available, the review may be delayed.
 3. If requested additional information is not provided, the Commission staff may reject the teach-out plan and require resubmission in accordance with *Accreditation Actions Policy and Procedures*.
- D. The Commission staff will assign peer evaluators in accordance with the Commission's *Peer Evaluators Policy and Procedures*.
 1. Peer evaluators selected for the review of a teach-out plan have appropriate qualifications, relevant experience or expertise, and training.
 2. Each peer evaluator must complete or update an Evaluator Data Form (EDF), disclose any conflicts of interest, 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.
 3. The institution will have the opportunity to affirm that there is no conflict of interest with the proposed roster through the secure MSCHE portal.
 4. The Commission will reassign peer evaluators if a conflict of interest is identified in accordance with Commission policy and procedures.
- E. Peer evaluators may request additional information that is required to clarify information or verify compliance.
 1. Peer evaluators will formally request specific documents that are required to clarify information or verify compliance.

2. Peer evaluators will create a list of specific documents and forward the list to the institution according to established deadlines.
 3. All additional information that is requested must be documented by peer evaluators in the *Teach-Out Plans and Agreements Review Report*.
 4. The institution will upload all requested additional information into the secure MSCHE portal according to the established deadlines. All additional information that is requested must be documented and uploaded to the secure MSCHE portal.
 5. If requested additional information is not yet available, the review may be delayed.
 6. If requested additional information is not provided, peer evaluators may recommend that the Commission reject the teach-out.
- F. Peer evaluators will review the teach-out plan to ensure it meets the criteria established in Commission policy and procedure and federal regulation *34 CFR § 602.24(c)*, including but not limited to the following:
1. The teach-out plan is comprehensive and implementable;
 2. The teach-out plan provides reasonable accommodations for students to complete their education;
 3. The teach-out plan includes an inventory of academic programs included in the teach-out.
 4. The teach-out plan includes a plan for transparent and clear communication about the teach-out and provides copies of notifications made to students. The institution specifies and notifies students of any additional financial charges, if any.
 5. The teach-out plan includes a plan for the disposition of all records related to the teach-out.
 6. The teach-out plan provides a plan for meeting all state and federal requirements related to the type of teach-out.
 7. The teach-out provides an orderly plan for any anticipated changes to faculty and staff.
 8. The institution provides all necessary information outlined in the *Teach-Out Plans and Agreements Form*.
- G. If a teach-out agreement was required by the Commission or the institution elected to enter into a teach-out agreement(s), peer evaluators will review the teach-out agreement(s) to ensure the agreement meets the criteria established in Commission policy and procedures and federal regulation *34 CFR § 602.24(c)*. The Commission will approve the teach-out agreement(s), only if the agreement:
1. is consistent with applicable standards and regulations;
 2. provides reasonable accommodations for students to complete their education without having to travel substantial distances or durations;
 3. provides comparable educational programs that is of acceptable quality and reasonably similar in content, delivery modality, structure, and scheduling;
 4. are between institutions that meet the criteria for acceptable teach-out institutions described in Section IV;
 5. are clear and transparent about the number and type of credits that will be accepted by the teach-out institution;

6. specifies any additional financial charges, if any, and requires the teach-out institution to notify students of any additional financial charges; and
 7. are signed by each institution subject to the agreement.
- H. Upon completion of the review, the peer evaluators will complete the *Teach-Out Plans and Agreements Review Report* summarizing their findings. The report includes the action that the peer evaluators are proposing to the Commission.
- I. The lead evaluator will upload the *Teach-Out Plans and Agreements Review Report* to the secure MSCHE portal according to established deadlines.
- J. The Commission staff will make the *Teach-Out Plans and Agreements Review Report* available to the institution.
- K. The institution will have the opportunity to respond in writing through an *Institutional Response*.
- L. The Commission, through its multi-level decision making process, will analyze all of the accreditation materials and any other appropriate and substantiated information available to it.
- M. The Commission will take an accreditation action in accordance with its *Accreditation Actions Policy and Procedures*.
- N. 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.
- O. 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 federal regulation 34 CFR § 602.24(c)(4).
- P. The Commission will display a statement about the teach-out for institutions for which accreditation will cease (the institution is closing, voluntarily surrendering accreditation or candidate for accreditation status, or accreditation or candidate for accreditation status will be withdrawn). The statement will include critical information for students and the general public, including but not limited to the accreditation status of the institution at the time of the teach-out, the date that accreditation will cease, the name and location of teach-out agreement institutions, and information about where students can obtain records. The statement will be posted for the public in the online institution directory on the MSCHE website in conjunction with the notification of accreditation actions process. A sample of the teach-out statement is provided below:
- On (date), the Middle States Commission on Higher Education approved the teach-out plan developed by (institution name) because (reason for teach-out). The purpose of the teach-out plan is to assist students who are near completion of a credential finalize and complete academic requirements. To assist with the*

implementation of the teach-out plan, (Institution name) entered into teach-out agreements with (teach-out agreement institution name(s), city/state). Students may obtain records at (name of repository). To note that accreditation will cease on (date). As of (date), (institution name) will no longer be accredited by the Middle States Commission on Higher Education www.msche.org. For more information, see the Commission's Teach-Out Plans and Agreements Policy and Procedures.

- Q. In addition to all required notifications, the institution will display an official public disclosure about the teach-out prominently on its website for all types of teach-out plans. The disclosure should be forthright and honest and provide the reason for and purpose of the teach-out plan. If the institution is entering into teach-out agreements, the disclosure must provide the name of the teach-out institution(s), city/state, copies of any teach-out agreement(s), and any additional information that may be helpful to students in transferring to the teach-out institution, such as any admission requirements, the number and types of credits that will be accepted, and any additional financial charges, if any. The disclosure should include contact information for students to obtain student records now and into the future and indicate the date that accreditation will cease, as applicable to the type of teach-out.

1. Institutions that are closing (accreditation will cease) should use the following statement:

On (date), the Middle States Commission on Higher Education approved the teach-out plan developed by (institution name). (Institution name) is implementing a teach-out plan because (reason for teach-out). The purpose of the teach-out plan is to assist students who are near completion of a credential finalize and complete academic requirements. To assist with the implementation of the teach-out plan, (Institution name) has entered into teach-out agreements with (teach-out agreement institution name(s), city/state).

Students may obtain records at (name of repository of student records and contact information).

As of (date that accreditation will cease), (Institution name) will no longer be accredited by the Middle States Commission on Higher Education www.msche.org.

2. Institutions that are closing a location or site should use the following statement:

On (date), the Middle States Commission on Higher Education approved the teach-out plan developed by (institution name). (Institution name) is implementing a teach-out plan because it is closing (name of site and address). The purpose of the teach-out plan is to assist students who are near completion of a credential finalize and complete academic requirements. To

assist with the implementation of the teach-out plan, (Institution name) has entered into teach-out agreements with (teach-out agreement institution name(s)).

Students may obtain records at (name of repository of student records, mailing address, email address, telephone number).

As of (date that instruction will cease at the site), (name of site) will close, and will no longer be included within (Institution name's) scope of accreditation with the Middle States Commission on Higher Education www.msche.org.

3. Institutions under other circumstances requiring a teach-out plan, should contact the Commission staff liaison to develop a statement for public disclosure.
- R. The institution is required to continue to meet the standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements throughout the teach-out period and/or until the date that accreditation will cease, including but not limited to the following:
1. The institution will pay dues and fees during the teach-out period in accordance with the Commission's *Dues and Fees Policy and Procedures*.
 2. The institution will complete all accreditation activities in accordance with its accreditation review cycle or as requested in a prior Commission action, including any follow-up reports or visits and the Annual Institutional Update (AIU), during the teach-out period.
- S. The Commission will monitor the implementation of the teach-out plan and will take action if the institution fails to implement the teach-out plan or its agreements.
- T. If 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)*.
1. The Commission will display on its website that the former candidate or accredited institution closed without an approved teach-out plan.
 2. 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.

VI. Definitions

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

- A. Institution directory.** The Commission’s online listing of institutions that currently have candidate for accreditation status with or are accredited by MSCHE. The institution directory also provides pertinent information about former candidate or accredited institutions.
- B. 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”).*
- C. 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)*
- D. Teach-out period.** The start and end date for the full implementation of the teach-out plan and any teach-out agreements.
- E. 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: N/A

Version: 2021-09-01 EFFECTIVE

Effective Date: September 1, 2021

Previously Issued: N/A

Approved: August 31, 2021 by Cabinet

Initial Approval Date: October 23, 2018 (Cabinet)

Revisions: N/A

Related Documents: *Teach-Out Plans and Agreements Policy; Teach-Out Plans and Agreements Form; Substantive Change Policy, Substantive Change Procedures; Complex Substantive Change Procedures; Substantive Change Guidelines*

Federal Regulations: *34 CFR § 602.23(f)(1)(ii); §602.24(c)(1-10) Teach Out plans and agreements; § 602.24(d) Closed institution.*