# **Teach-Out Plans and Agreements Form**

*Effective Date: October 1, 2021*

**Instructions:**

* *Review the Commission’s* ***Teach-Out Plans and Agreements Policy*** *and* ***Procedures****. This form aligns with the procedures effective September 1, 2021.*
* *The institution undergoing a circumstance requiring a teach-out plan and agreements, as outlined in Commission policy and procedure, must submit this form.*
* *The institution submitting a substantive change request that also requires a teach-out plan and if applicable agreements must submit this form in conjunction with the substantive change request. However, please note the teach-out is a separate submission in the secure MSCHE portal.*
* *If this is an updated teach-out plan, please clearly describe any updates to the plan and indicate what is different, changed or has been updated since the previous submission.*
* *Answer all applicable questions. If a question is not applicable to the specific type of teach-out, please answer “not applicable” with a short explanation.*
* *Maintain student privacy protections in accordance with applicable state and federal law and regulations.*
* *Provide all required attachments to the Commission. If an attachment is not applicable to the type of teach-out, please indicate “not applicable” with a short explanation. The Commission may not process the submission until all attachments are submitted or the Commission may process the request and require an updated teach-out plan that must include any outstanding documentation.*
* *Label all attachments exactly as indicated in Section C: Checklist of Attachments.*
* *Combine the form and all attachments into a single bookmarked PDF file.*
* *Upload the PDF document into the secure MSCHE portal in the appropriate review(s).*
* *Direct all questions to the institution’s designated Commission staff liaison.*

Institution Name: Click or tap here to enter text.

**Date of Submission:** **Click or tap to enter a date.**

**Type of Teach-Out Plan:**

Candidate for Accreditation Status

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

Commission non-compliance action of show cause or probation

Provisional program participation agreement

Heightened Cash Monitoring (HCM 2)

Secretary of Education emergency action to limit, suspend, or terminate title IV

Commission adverse action to deny candidate status or accreditation, or withdraw candidate status or accreditation

Institution intends to close and cease operations entirely (substantive change)

Institution intends to close a location (with students enrolled) that provides 100% of at least one educational program (substantive change)

State licensing or legal authorization has been or will be revoked

Institution intends to voluntarily surrender and terminate membership

☐ Other substantive change (including complex substantive change)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Other circumstances at the discretion of the Commission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Section A: Teach-Out Plan**

*This section must be completed for all types of teach-out plans, including candidate or contingency teach-out plans. Please answer all questions. If a question is not applicable to the type of teach-out plan, please indicate “not applicable” with a short explanation.*

1. **Teach-Out Plan Summary**

Briefly describe the circumstances requiring the teach-out plan (250 words or fewer).  
  
**Click or tap here to enter text.**

1. **Inventory of Academic Programs**

Provide an inventory of all the academic programs included in the teach-out plan, including the following information:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Inventory of Academic Programs (insert rows if needed)** | | | | | | |
| **Name of program including credential level as it appears in the institution’s catalog** | **% of program offered at current location** | **Proposed Program End Date**  **MM/DD/YYYY** | **Number of students currently enrolled in program** *(as of the time of submission)* | **Number of students who can complete by program end date** | **Number of students who will not complete by program end date** | **Program is accredited by another USDE recognized accrediting agency** *(yes/no)*  *(name of accreditor)* |
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* 1. Describe how the teach-out plan ensures that students completing the teach-out would meet curricular requirements for professional licensure or certification, if any.

**Click or tap here to enter text.**

* *The institution is required by federal regulation 34 CFR § 602.24(c)(3) to provide a list of currently enrolled students (please maintain student privacy protections in providing this list to the Commission). Label attachment* ***Enrolled-Students.***
  1. The institution is required by federal regulation 34 CFR § 602.24(c)(3) to provide a complete list of educational programs offered by the institution and the names of other institutions that offer similar programs and that could potentially enter into a teach-out agreement with the institution. Label attachment **Educational-Programs**.

1. **Equitable Treatment and Reasonable Accommodations for Students**
   1. Describe how the institution will assist current students who are reasonably able to complete their academic programs/credentials by the proposed program end date.

**Click or tap here to enter text.**

* 1. Describe how the institution will assist current students who are not reasonably able to complete their academic programs/credentials by the proposed program end date.

**Click or tap here to enter text.**

* 1. Describe academic services and any specific student services (academic advising, information sessions, transfer assistance activities, financial aid counseling, etc.) that will be offered to students by the institution during the teach-out period.

**Click or tap here to enter text.**

* *The institution is required to provide evidence that financial aid counseling has been conducted. Label the attachment(s)* ***Fin-Aid-Counseling.***
* *The institution is required to provide evidence that onsite articulation events have taken place. Label the attachment(s)* ***Articulation-Events.***

1. **Required Notifications and Public Disclosure of the Teach-Out Plan**
   1. Describe the institution’s plan for notifying all relevant stakeholders (current and prospective students, faculty, staff, public) about the teach-out plan and how it will continually notify stakeholders of pertinent information as it becomes available.

**Click or tap here to enter text.**

* + - *The institution is required to provide evidence (copies of notifications) that it has notified all relevant stakeholders that it will be implementing a teach-out. Label attachment* ***Notif-Teach-Out****.*
* *The institution is required to provide evidence (copies of notifications) that it has specifically notified students of any additional charges. Label the attachment* ***Notif-Add-Charges.***
  1. Describe the institution’s plan for posting an official public disclosure on its website about the teach-out plan and the type of information that it will provide in that public disclosure. If the public disclosure statement is available at this time, provide the URL.

**Click or tap here to enter text.**

* *If not yet available, the Commission will require that the institution provide evidence of an official public disclosure about the teach-out in an updated teach-out plan.*

*If the institution will enter into teach-out agreements with other institutions, any information provided to students about those teach-out agreements must be clear and transparent and specify additional financial charges, if any.*

1. **Disposition of Records**
   1. Provide a description of the institution’s plan for the disposition of all records related to the teach-out as applicable:
2. Student records (admissions, financial aid, academic transcripts, faculty recommendations, final grades)

**Click or tap here to enter text.**

1. Personnel records (faculty and staff, payroll, benefits, recommendations, etc.)

**Click or tap here to enter text.**

1. Fiscal records (Federal and State grants, creditor, final audited financial statements)

**Click or tap here to enter text.**

* *The institution is required to provide evidence that transcripts have been produced as applicable. Label attachment* ***Transcripts****.*
* *The institution is required to provide evidence that transfers of records have been completed as applicable. Label attachment* ***Transfers****.*
  1. Describe any external requirements (including but not limited to system, State, or federal requirements) specifically relating to the retention and preservation of student records.

**Click or tap here to enter text.**

1. **State and Federal Requirements Related to Teach-Outs**
   1. Identify the State and/or federal agencies the institution will work with on the teach-out.

**Click or tap here to enter text.**

* 1. Summarize the state and/or federal requirements for this type of teach-out.

**Click or tap here to enter text.**

* + - *The institution is required to provide documentation outlining the requirements for the teach-out for each entity (e.g. letter from the State agency listing requirements, protocols or instructions, etc.). Label attachment* ***External-Requirements****.*
    - *If the institution is closing, the institution is required to submit documentation that required approvals for closure have been obtained from any other entity including the State or documentation that the institution has initiated the required process.* *Label attachment* ***External-Approvals****.*

1. **Faculty and Staffing Considerations**
   1. Describe the institution’s orderly plan for the dissolution, transfer, reduction, or other change to the faculty and staff.

**Click or tap here to enter text.**

* 1. Describe how the institution will make every effort to assist faculty and staff in finding alternative employment, if applicable.

**Click or tap here to enter text.**

* 1. Describe how the plan for faculty and staff will impact services provided to students.

**Click or tap here to enter text.**

1. **Additional Requirements for Institutions that are Closing and/or Accreditation will Cease**
   1. If the institution is planning to cease operations entirely, describe the institution’s orderly plan for closure (500 words or fewer).

**Click or tap here to enter text.**

* 1. Provide the estimated start date and end date for the teach-out period, during which time the institution can reasonably complete all the necessary teach-out activities, i.e., the full implementation of the teach-out. Also indicate the anticipated date of closure of the institution or a location, if applicable. Please see the *Teach-Out Plans and Agreements Procedures* for guidance on the anticipated date of closure.

Estimated Teach-out Period Start Date: **Click or tap here to enter text.**

Estimated Teach-out Period End Date: **Click or tap here to enter text.**

*\*The end date may not extend beyond the date of closure.*

Anticipated Date of Closure: **Click or tap here to enter text.**

* *The institution is required to provide a timeline for the implementation of the teach-out plan. The timeline should be comprehensive and indicate key milestones. Label the attachment* ***Teach-Out-Timeline****.*
  1. If the accredited institution is requesting longer than 24 months for the teach-out period, provide evidence that an extended period is warranted to equitably provide for students to complete their education.

**Click or tap here to enter text.**

* 1. If a candidate institution that was denied accreditation is requesting longer than 120 days, provide evidence that an extended period is warranted to equitably provide for students to complete their education.

**Click or tap here to enter text.**

* 1. Identify the name, title, and contact information for a designated staff person to supervise and implement teach-out activities. The Commission may contact this person.

**Click or tap here to enter text.**

* 1. If the institution will cease to exist, provide the status of the dissolution or surrender of the charter or degree granting authority with the state or federal agency, including the date of surrender.

**Click or tap here to enter text.**

* + - *The institution is required to provide documentation of the dissolution or surrender of the charter or DGA as soon as it is obtained. Label attachment* ***Charter-DGA-Status****.*
  1. Describe the institution’s plan for the custody, continued access, and final disposition of student records for students into the future.

**Click or tap here to enter text.**

* 1. Describe how the record retention plan will be provided to all enrolled students that delineates the final disposition of teach-out records (e.g., student transcripts, billing, financial aid records).

**Click or tap here to enter text.**

* *The institution is required to provide evidence that it has provided the record retention plan to all enrolled students. Label attachment Notification-****Records-Retention***
  1. Describe how and when notification to every current and former student will occur or has occurred, indicating where the student records are being stored and how students can obtain them now and into the future.

**Click or tap here to enter text.**

* *The institution is required to provide evidence that the institution has communicated with current and former students regarding student records. Label attachment Notification-****Student-Records.*** 
  1. Designate a permanent location and final custodian/repository for student academic records. Provide the name and contact information for the custodian and describe the timeline for transfer.

**Click or tap here to enter text.**

* *The institution is required to provide evidence that student records have been transferred to the final repository as soon as this process is complete. Label attachment* ***Transfer-to-Repository****.*
  1. Will you be forwarding a copy of records to students prior to closing, if applicable? Explain.

**Click or tap here to enter text.**

* 1. Provide a list of students currently enrolled in each program and the program requirements the student has completed.

**Click or tap here to enter text.**

* *The institution is required to provide a list of students enrolled in each educational program and the program requirements the student has completed. Label attachment* ***Enrolled-Students-List.*** 
  1. Describe the institution’s 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.

**Click or tap here to enter text.**

* *The institution is required to provide evidence that it has provided all potentially eligible students with information about closed school discharges or refunds. Label attachment Notification-****Closed-School-Discharge.***

1. **Intention to Enter into Teach-Out Agreements**

Does the institution intend to enter into teach-out agreements with other institutions or has the Commission required that the institution enter into teach-out agreements?

* 1. If Yes, complete Section B.
  2. If No, demonstrate the institution’s ability to fully implement and complete the teach-out plan by itself.

**Click or tap here to enter text.**

# **Section B: Teach-Out Agreement(s)**

*Please review the* ***Teach-Out Plans and Agreements Procedures*** *for information about teach-out agreements and when they are required. Complete this section only if the institution is required by the Commission to submit a teach-out agreement with other institution(s), or the institution elects to enter into teach-out agreements. The institution’s submission must include all signed teach-out agreements that the institution has entered into or intends to enter into with another institution, unless the institution is conducting its own teach-out and has demonstrated that it can fully implement and complete the teach-out plan by itself.*

1. **The Following Types of Teach-Outs Require Teach-Out Agreements**

Heightened Cash Monitoring (HCM2)

Secretary of Education emergency action to limit or revoke title IV

Commission adverse action to deny candidate status or accreditation, or withdraw candidate status or accreditation

Institution intends to close and cease operations entirely (substantive change)

Institution intends to close a location (with students enrolled) that provides 100% of at least one educational program (substantive change)

State licensing or legal authorization has been or will be revoked

The Commission requires the institution to enter into teach-out agreements

The institution elects to enter into teach-out agreements

1. **Teach-out Agreement Institutions**
   1. List the name(s) of each institution, including city and state, with which the institution is entering into a teach-out agreement to support student completion or transfer. Also provide information regarding the teach-out institution’s accreditation status with other accreditors.

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| --- | --- | --- | --- |
| **Name of Teach-Out Institution(s)**  **City/State** | **Name of Academic Program(s)** *(list all that apply)* | **Accrediting Agencies Recognized by USDE**  *(list all that apply)* | **Current Status with Accrediting Agency Recognized by USDE** |
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**[Note: The Commission will notify other USDE recognized accreditors if the teach-out agreement is approved.]**

* 1. Verify that each teach-out institution is not subject to any of the following conditions:
     1. The institution has a going concern, adverse opinion, or a finding of material weakness by an independent auditor;
     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 (candidate status) 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.
* *The institution is required to provide signed Teach-Out Agreement(s) for each teach-out institution listed above. The teach-out agreement should include information about the academic program and the number and types of credits the teach-out institution is willing to accept. Include any additional documentation supporting the teach-out agreement(s) (i.e. course equivalencies, etc.).* ***If signed agreements are not yet available, the Commission will require an updated teach-out plan including signed teach-out agreements in an updated teach-out plan. Label each attachment Teach-Out-Agreement\_[****ShortInstitutionName****].***

1. Describe any specific branch campuses, additional locations, or sites that the teach-out institution will acquire or use during the teach-out process. If the teach-out institution is permanently acquiring any branch campus or additional location, that institution must submit a substantive change for that location to ensure that it is included within the institution’s scope of accreditation for title IV purposes (the institution should verify title IV eligibility with the Office of Student Financial Aid).

**Click or tap here to enter text.**

1. Describe how the teach-out institution(s) can provide students access to program(s) and services without requiring them to move or travel for substantial distances or durations.

**Click or tap here to enter text.**

1. Describe how the teach-out institution(s) operate(s) in a manner that is consistent with the Commission’s standards for accreditation, requirements of affiliation, policies and procedures, and federal compliance requirements.

**Click or tap here to enter text.**

1. Describe how the teach-out institution(s) has/have the necessary experience, resources and support services to ensure, insofar as possible without additional charge to students, an educational program that is of acceptable quality and is reasonably similar in content, delivery modality, structure, and scheduling to the program(s) slated for closure.

Federal regulation 34 CFR § 602.24(c)(7) states that while an option via an alternate method of delivery may be made available to students, such an option is not sufficient unless an option via the same method of delivery as the original educational program is also provided.

**Click or tap here to enter text.**

1. Describe how the institution and the teach-out institution(s) will provide information on the number and types of credits each teach-out institution is willing to accept prior to the student's enrollment.

**Click or tap here to enter text.**

1. Describe how the institution will notify students and provide a clear statement to students of critical information including but not limited to tuition and fees for the educational program and any additional financial charges.

**Click or tap here to enter text.**

1. Describe how the teach-out institution(s) has/have the resources to remain stable, carry out its mission, and meet all of its obligations to students.

**Click or tap here to enter text.**

**Section C: Checklist of Attachments (documentation and evidence)**

*If a required document is not applicable to the type of teach-out, please indicate N/A in the space in front of the document name. If a required document is not yet available, it must be provided to the Commission in an updated teach-out plan. Combine these attachments with the teach-out form and upload a single, bookmarked PDF into the secure MSCHE portal.*

\_\_\_ Enrolled-Students

\_\_\_ Educational-Programs

\_\_\_ Fin-Aid-Counseling

\_\_\_ Articulation-Events

\_\_\_ Notification-Teach-Out

\_\_\_ Notification-Add-Charges

\_\_\_ Transcripts

\_\_\_ Transfers

\_\_\_ External-Requirements

\_\_\_ External-Approvals

\_\_\_ Teach-Out-Timeline

\_\_\_ Charter-DGA-Status

\_\_\_ Records-Notif

\_\_\_ Notification-Student-Records

\_\_\_ Transfer to Repository

\_\_\_ Enrolled-Students-List

\_\_\_ Notification-Closed-School-Discharge

\_\_\_ Teach-Out-Agreement\_[*ShortInstitutionName*]

Signed Teach-Out Agreement(s) for each teach-out institution. Include any additional documentation supporting the teach-out agreement(s) (i.e. course equivalencies, etc.). Combine into one single PDF document.

**Section D: Certifications**

*By signing and submitting this Teach-Out Plans and Agreements Form, the individual below certifies that:*

The [*Teach-Out Plans and Agreements Policy and* *Procedures*](https://www.msche.org/policies-guidelines/?title-search=teach-out&type=)have been reviewed.

The information included in this form is accurate at the time of submission.

The institution will notify the Commission of subsequent, significant developments that could affect the Commission’s review and action.

Each section of the form that it is applicable has been completed in its entirety.

Attachments that are required have been provided and are appropriately labeled.

The submission of this request for review by the Commission has been authorized by the appropriate individuals at the institution.

The institution understands that the Commission reserves the right to reject insufficient or incomplete teach-out plans and require an updated teach-out plan.

The institution understands that the Commission may require the institution to enter into teach-out agreements with other institutions.

**The Teach-Out Plans and Agreements Form must be submitted by the institution’s Accreditation Liaison Officer (ALO)**

Provide Name, Title, Email, and Phone Number of ALO submitting this request:

|  |
| --- |
| Name: **Click or tap here to enter text.**  Title: **Click or tap here to enter text.**  Email: **Click or tap here to enter text.**  Phone Number: **Click or tap here to enter text.** |

*Please sign by typing the name of the Accreditation Liaison Officer (ALO) or including an electronic signature of the ALO in the space provided:*

Signature of ALO: **Click or tap here to enter text.**

Number:

Version: 2021-10-01, APPROVED

Effective Date: October 1, 2021

Previously Issued: N/A

Approved: Approved by Cabinet, September 24, 2021

Initial Approval Date: December 19, 2018

Revisions: September 1, 2020 (new regulations); October 1, 2021

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

Federal Regulations: 34 CFR § 602.23 and 602.24