



**HANDBOOK FOR  
INSTITUTIONS  
SEEKING  
INITIAL  
ACCREDITATION**

*Southern Association of Colleges and Schools*

***Commission on Colleges***

March 2011 edition

# **HANDBOOK FOR INSTITUTIONS**

## **SEEKING INITIAL**

## **ACCREDITATION**

*Southern Association of Colleges and Schools*

### ***Commission on Colleges***

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## **Mission:**

*The Southern Association of Colleges and Schools Commission on Colleges is the regional body for the accreditation of degree-granting higher education institutions in the Southern states. The Commission's mission is the enhancement of educational quality throughout the region and the improvement of the effectiveness of institutions by ensuring that they meet standards established by the higher education community that address the needs of society and students. It serves as the common denominator of shared values and practices among the diverse institutions in Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and Latin America and other international sites approved by the Commission on Colleges that award associate, baccalaureate, master's, or doctoral degrees. The Commission also accepts applications from other international institutions of higher education.*

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

*Revised: Commission on Colleges, June 2010*

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## PREFACE

Designed to guide institutions through the process of achieving initial accreditation by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), this handbook is organized around four phases in the process for securing initial accreditation – (1) building a foundation of understanding as the institution starts the process, (2) preparing the Application for Membership, (3) hosting the Candidacy Committee, and (4) hosting the Accreditation Committee. Part I of this handbook presents an overview of the philosophy of accreditation and the process for achieving accredited status with the SACS Commission on Colleges. Subsequent parts guide institutions through the numerous steps involved in developing the Application for Membership and preparing for the two essential on-site reviews – the Candidacy Committee’s visit and the Accreditation Committee’s visit.

Appendices are included in this handbook to clarify and illustrate various points made in the text; however, this handbook does not contain the full text of policies and procedures and other relevant documents that are available on the Commission’s website ([www.sacscoc.org](http://www.sacscoc.org)). This handbook serves as a companion piece to other Commission publications, such as *The Principles of Accreditation*, and to the policies, procedures, and other institutional resources on the Commission’s website, all of which function as primary sources of information developed to assist institutions in fulfilling their responsibilities in the initial accreditation process. To guide the reader’s use of these available resources, cross-references to related documents are made throughout this handbook.

The guidelines contained in this *Handbook for Institutions Seeking Initial Accreditation* are provided to readers for informational purposes only. In the event of a conflict between the contents of this document and the bylaws, policies, or procedures of the SACS Commission on Colleges, the bylaws, policies, or procedures shall take precedence. Updates to this handbook may periodically be posted to the SACSCOC website at [www.sacscoc.org](http://www.sacscoc.org). These updates shall take precedence over the contents of earlier editions of the handbook.

## SACSCOC FACT

Members of the SACSCOC Board are selected from both graduate and undergraduate institutions. The total number of Trustees for each state reflects the proportion of the membership from the state. Each state delegation also includes a public member, who is not an employee of an institution of higher education, a member of a governing board or coordinating board, or an owner or shareholder of an institution accredited by the Commission on Colleges.

### 2010 Membership of the SACSCOC Board of Trustees\*

	Total	Trustees from Level I institutions	Trustees from Level II Institutions	Trustees from graduate institutions	Public members
<b>Alabama</b>	7	1		5	1
<b>Florida</b>	8	1	3	3	1
<b>Georgia</b>	7	3		3	1
<b>Kentucky</b>	6	2		3	1
<b>Louisiana</b>	7	1		5	1
<b>Mississippi</b>	6	2	1	2	1
<b>North Carolina</b>	8	4		3	1
<b>South Carolina</b>	5	1		3	1
<b>Tennessee</b>	7	2		4	1
<b>Texas</b>	8	1	2	4	1
<b>Virginia</b>	6	1	1	3	1
<b>International</b>	1			1	

\* One vacancy existed at the time this handbook was printed.

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## **Phase 1: Building a Foundation of Understanding**

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

*The Principles of Accreditation: Foundations for Quality  
Enhancement (2010 edition)*

## Building a Foundation of Understanding

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## Part I

# AN OVERVIEW OF THE INITIAL ACCREDITATION PROCESS

Accreditation in the United States is a voluntary and self-regulatory mechanism of the higher education community. It plays a significant role in fostering public confidence in the educational enterprise, maintaining standards, enhancing institutional effectiveness, and improving higher education by establishing a common set of requirements with which accredited institutions must comply. In addition, accredited status enables not-for-profit institutions to seek access to federal financial aid funds for students.

## Types of Accrediting Agencies

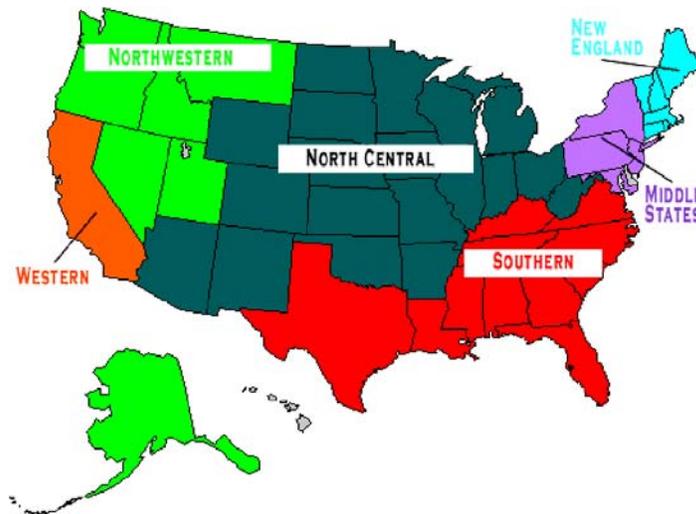
The approximately sixty accrediting organizations recognized by the United States Department of Education (USDE) reflect three basic approaches to accreditation – (1) national accreditation, (2) programmatic accreditation, and (3) regional accreditation. National and regional agencies accredit *institutions*; programmatic agencies accredit *programs* within institutions.

**National Accrediting Agencies.** National accreditors focus on specific types of institutions wherever they are located. The United States Department of Education recognizes four national faith-based accreditors (such as the Association of Rabbinical and Talmudic Schools Accreditation Commission and the Commission on Accrediting of the Association of Theological Schools in the United States and Canada), which review religiously-affiliated or doctrinally-based institutions. The USDE also recognizes seven national career-related accreditors (such as the Accrediting Bureau of Health Education Schools and the Council on Occupational Education), which review institutions whose mission focuses primarily on non-degree programs designed to meet the needs of the job market.

**Programmatic Accrediting Agencies.** The USDE recognizes approximately forty programmatic accreditors, many of which focus on medical programs such as those in dietetics, dentistry, occupational therapy, optometry, podiatric medicine, nursing, physical therapy, and radiologic technology. Among the non-medical specialties for which programmatic accreditation is available are programs in art and design, dance, education, law, music, and theatre.

**Regional Accrediting Agencies.** Eight regional accrediting agencies operate in the six U.S. regions. (See Figure 1.) Both Western and New England have divided their institutions by type and created two agencies to manage accreditation. To maintain their status as regional accrediting agencies, these eight entities periodically submit their standards, policies, and procedures to the USDE for review.

**Figure 1: The Six Accrediting Regions**

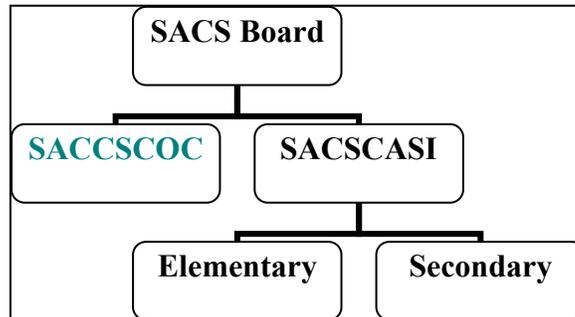


These eight regional agencies are independent non-profit entities with separate standards, policies, and procedures designed to meet the USDE recognition standards that apply to all accreditors. Consequently, all agencies address such issues as student achievement, curricula and program length, faculty, facilities, equipment, finance, administrative capacity, student support services, recruiting and admissions practices, student complaints, and compliance with federal financial aid regulations. Although these regional entities function independently of one another, they do communicate regularly through the Council of Regional Accrediting Commissions, which is composed of the CEO of each regional agency.

## **The Southern Association of Colleges and Schools (SACS)**

The Southern Association of Colleges and Schools is a private, nonprofit, voluntary organization founded in 1895 in Atlanta, Georgia. The Association is comprised of the Commission on Colleges (SACSCOC), which accredits higher education degree-granting institutions, and the Council on Accreditation and School Improvement (SACSCASI), which accredits elementary, middle, and secondary schools. (See Figure 2.) The Commission and Council carry out their missions with considerable autonomy; they develop their own standards and procedures and govern themselves by a delegate assembly. Both operate under the Association's Board of Trustees.

**Figure 2: Southern Association of Colleges and Schools (SACS)**

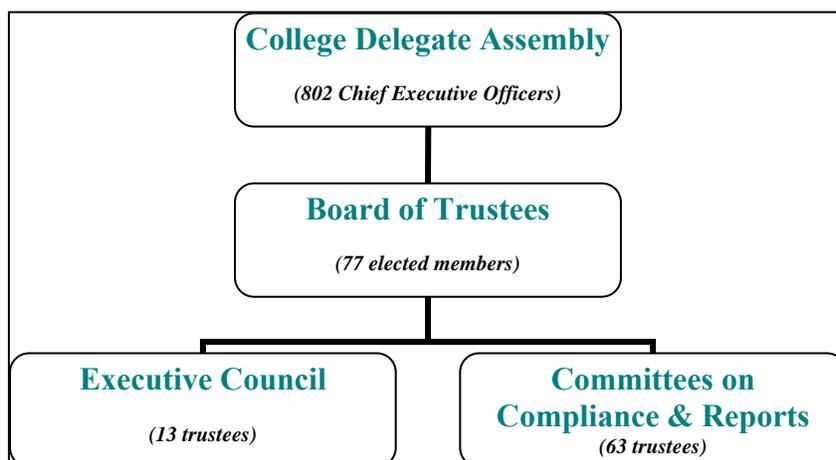


### The SACS Commission on Colleges (SACSCOC)

The SACS Commission on Colleges is the regional body for the accreditation of degree-granting higher education institutions in eleven Southern states -- Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, and Virginia. The Commission also accredits international institutions of higher education. SACSCOC strives to enhance educational quality by ensuring that institutions meet standards established by the higher education community to address the needs of society and students. It serves as the common denominator of shared values and practices among the diverse institutions that award associate, baccalaureate, master's, or doctoral degrees.

SACSCOC is composed of four primary units: (1) the College Delegate Assembly, (2) the Board of Trustees, (3) the Executive Council, and the (4) Committees on Compliance and Reports. (See Figure 3.)

**Figure 3: SACS Commission on Colleges (SACSCOC)**



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**The College Delegate Assembly.** The College Delegate Assembly is comprised of one voting representative (the Chief executive officer or the CEO’s designee) from each member institution. Its responsibilities include (1) electing the SACSCOC Board of Trustees, (2) approving all revisions in accrediting standards recommended by the SACSCOC Board, (3) approving the dues schedule for Candidate and Member institutions as recommended by the SACSCOC Board, (4) electing an Appeals Committee to hear appeals of adverse accreditation decisions, and (5) electing representatives to the SACS Board. The College Delegate Assembly convenes for business during the Annual Meeting. For further information on the authority of the College Delegate Assembly, see Commission policy “Standing Rules: Commission on Colleges, Executive Council, and the College Delegate Assembly” at [www.sacscoc.org](http://www.sacscoc.org).

**The SACSCOC Board of Trustees.** The seventy-seven elected members of the SACSCOC Board of Trustees are primarily administrators and faculty from member institutions; however, eleven (one from each state in the region) are public members from outside the academy. Each state has at least three trustees; the remaining thirty-three are at-large positions that are apportioned among the states in proportion to the number of member institutions in each. The Board is responsible for (1) recommending to the College Delegate Assembly standards for candidacy and for membership, (2) authorizing special visits to institutions, (3) taking final action on the accreditation status of Applicant, Candidate, and Member institutions, (4) nominating to the College Delegate Assembly individuals for election to the SACSCOC Board of Trustees, (5) electing the Executive Council, (6) appointing *ad hoc* study committees as needed, and (7) approving the policies and procedures of the Commission on Colleges. The Board meets twice a year. For further information on the selection of trustees and their duties, see Commission policy “Standing Rules: Commission on Colleges, Executive Council, and the College Delegate Assembly” at [www.sacscoc.org](http://www.sacscoc.org).

**The Executive Council.** The thirteen-member Executive Council (one trustee from each of the region’s eleven states, one public member, and the chair of the SACSCOC Board of Trustees) is the executive arm of the Commission and functions on behalf of the SACSCOC Board of Trustees and the College Delegate Assembly between meetings; however, the actions of the Executive Council are subject to review and approval by the SACSCOC Board. The Executive Council (1) interprets Commission policies and procedures, (2) develops procedures for and supervises the work of *ad hoc* and standing committees of the Commission on Colleges, (3) approves the goals and objectives of the Commission on Colleges, (4) reviews and approves the Commission’s budget, (5) oversees and annually evaluates the work of its president, and (6) initiates new programs, projects, and policy proposals. The Executive Council meets three times a year. For further information on the composition and selection of the Executive Council and its duties, see Commission policy “Standing Rules: Commission on Colleges, Executive Council, and the College Delegate Assembly” at [www.sacscoc.org](http://www.sacscoc.org).

**The Committees on Compliance and Reports.** Standing committees of the SACSCOC Board of Trustees, the Committees on Compliance and Reports (C&R Committees) review (1) some Applications for Membership, (2) reports prepared by peer

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committees (including the two primary reports that are part of the initial accreditation process – the Report of the Candidacy Committee and the Report of the Accreditation Committee), (3) institutional responses to reports prepared by peer committees, and (4) other reports requested by the Commission on Colleges. C&R Committee recommendations resulting from the analysis of these documents are forwarded to the Executive Council for review. To ensure consistency in the application of SACSCOC standards to Applicant and Candidate institutions, C&R Committee A has been designated to review all materials from institutions seeking initial accreditation. In addition to the elected Trustees who serve on C&R Committees, membership may be expanded to include up to ten appointed Special Readers whose expertise – typically in the areas of finance, institutional effectiveness, and library/learning resources – is germane to the compliance issues under review. C&R Committees meet twice a year prior to the meetings of the SACSCOC Board of Trustees. For further information on the composition and duties of the C&R Committees, see Commission policy “Standing Rules: Commission on Colleges, Executive Council, and the College Delegate Assembly” at [www.sacscoc.org](http://www.sacscoc.org).

## SACSCOC Philosophy

The adoption in 2001 of the *Principles of Accreditation* by the SACS Commission on Colleges introduced significant changes in its approach to accreditation. The institution’s effectiveness and its ability to create and sustain an environment that enhances student learning became the focus of a process designed to determine the quality of an institution within the framework of its mission, its goals, and an analysis of and response to crucial institutional issues.

The success of the initial accreditation process depends upon four paramount concepts: (1) the belief that the accreditation of institutions should be determined through a system of **peer review** whereby institutional effectiveness and quality are evaluated primarily by individuals from institutions of higher education, professional educators whose knowledge and experience enable them to exercise professional judgment, (2) **institutional integrity** evidenced by all information disseminated by institutions seeking initial accreditation being truthful, accurate, and complete and all institutional interactions with constituencies and the public being honest and forthright, (3) commitment to **quality enhancement and continuous improvement**, and (4) **focus on student learning** and on institutional effectiveness in supporting and enhancing student learning.

In summary, the philosophy presented in *The Principles of Accreditation* requires an institution to recognize the centrality of peer review to the effectiveness of the accreditation process. The process of initial and continued accreditation outlined there is based on the expectation that each Applicant, Candidate, and Member institution has made a commitment to:

- Comply with the Principle of Integrity (PR), Core Requirements (CR), Comprehensive Standards (CS), and Federal Requirements (FR) contained in *The Principles of Accreditation* and with the policies and procedures of the SACS Commission on Colleges.

- 
- Enhance the quality of its educational programs.
  - Focus on student learning.
  - Ensure a “culture of integrity” in all of its operations.

The initial accreditation process also assumes that *all* participants in the process -- not just institutional personnel, but also visiting committee members, Commission staff, and SACSCOC trustees -- will conduct their responsibilities with integrity, objectivity, fairness, and confidentiality.

## Key SACSCOC Policies and Materials

The SACSCOC website ([www.sacscoc.org](http://www.sacscoc.org)) is a rich repository of materials that can assist Applicant and Candidate institutions as they move through the process of attaining initial accreditation. From the perspective of compliance, *The Principles of Accreditation: Foundations for Quality Enhancement* and SACSCOC policies and procedures are binding documents for Candidate and Member institutions. Guidelines, good practices, and position statements are advisory and consultative in nature. Forms provide templates for moving through the initial accreditation process. Links to primary documents are found on the “Application Information” webpage. Other materials can be accessed elsewhere, principally through “Institutional Resources” and “Policies and Publications.” The Glossary and Reference Guide in the Appendix of this handbook provides a lexicon of accreditation terminology with cross-references to sections of this handbook and to resources on the SACSCOC website.

***The Principles of Accreditation: Foundations for Quality Enhancement.*** Because it provides the Commission’s formal statement of its accreditation process and standards, *The Principles of Accreditation: Foundations for Quality Enhancement* is the Commission’s primary source document for initial accreditation reviews. A copy of the *Principles* is provided to each attendee at a Pre-Applicant Workshop; the document is also available online at [www.sacscoc.org](http://www.sacscoc.org). Institutional participants in the development of the Application for Membership (which is addressed in Part II of this handbook) and the Compliance Certification (which is addressed in Part IV) should consult *The Principles of Accreditation* throughout the initial accreditation process. Its four sections contain the (1) Principle of Integrity, (2) Core Requirements, (3) Comprehensive Standards, and (4) Federal Requirements with which institutions must comply in order to attain initial accreditation.

Section 1, the Principle of Integrity, establishes the foundation for the relationship between the SACS Commission on Colleges and its member institutions.

Integrity, essential to the purpose of higher education, functions as the basic contract defining the relationship between the Commission and each of its member and candidate institutions...The Commission’s requirements, policies, processes, procedures, and decisions are predicated on integrity...The Commission on Colleges expects integrity to govern the operation of institutions and for institutions to make

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reasonable and responsible decisions consistent with the spirit of integrity in all matters.

Both Applicant and Candidate institutions must be deemed compliant with the Principle of Integrity. The Commission's expectations for integrity include:

- Ensuring that all documents submitted to the Commission are candid and provide all pertinent information, whether complimentary or not.
- Responding in a timely manner to requests for additional information.
- Ensuring that information contained in the Application for Membership and in the Compliance Certification is complete, accurate, and current.
- Cooperating in the preparation for visits, receiving both the Candidacy Committee and the Accreditation Committee in a spirit of collegiality, and maintaining an attitude of openness and cooperation during visits.
- Reporting accurately to the public its status with the SACS Commission on Colleges.

The Core Requirements are “basic, broad-based, foundational requirements;” documentation of compliance with Core Requirements 1-11 is necessary for achieving both Candidacy status and initial accreditation. Compliance with the Core Requirements alone, however, will not result in Candidacy status. Applicant institutions must also document compliance with the two Comprehensive Standards that address institutional effectiveness (CS 3.3.1 and 3.5.1) and the one dealing with faculty qualifications (CS 3.7.1). In addition, they must document compliance with all of the Federal Requirements, which reflect several requirements outlined in the U.S. Secretary of Education's Criteria for Recognition.

More specific than the Core Requirements, the Comprehensive Standards “establish a level of accomplishment expected of all member institutions” in four specific areas: (1) institutional mission, governance, and effectiveness; (2) programs; (3) resources; and (4) institutional responsibility for Commission policies. In addition to documenting that they have maintained compliance with the Core Requirements and the Federal Requirements, Candidate institutions must document compliance with all of the Comprehensive Standards.

Figure 4 illustrates the differences in the application of *The Principles of Accreditation* to Applicant and Candidate institutions. In anticipation of addressing all of the Comprehensive Standards (except for 3.3.2 Quality Enhancement Plan) after it has achieved Candidacy status, Applicant institutions frequently preview the other Comprehensive Standards while preparing the Application for Membership. Doing so enables institutions to identify areas that will require strengthening before they can document compliance in the Compliance Certification and to begin building the infrastructure for that documentation of compliance early in the initial accreditation process. It is not uncommon, for example, for Applicant institutions to realize that their Board's bylaws lack some of the specific details demanded by the Comprehensive Standards in 3.2 (Governance and Administration) or that their policy on intellectual property does not address work created by students (CS 3.2.14 Intellectual property rights). (For information on developing or modifying policies and

procedures, see “Best Practices for Developing Policy and Procedures Documents” at [www.sacscoc.org](http://www.sacscoc.org).) Taking advantage of the lead-time provided by making an early start on issues that will surface during Candidacy certainly eases the subsequent process of developing a well-documented Compliance Certification.

**Figure 4: Application of  
The Principles of Accreditation to the Process for Initial Accreditation**

	Principle of Integrity	Core Requirements	Comprehensive Standards	Federal Requirements
Status: <b>Applicant</b> institution Document: <b>Application for Membership</b>	yes	CR 1-11	CS 3.3.1 CS 3.5.1 CS 3.7.1	all
Status: <b>Candidate</b> institution Document: <b>Compliance Certification</b>	yes	CR 1-11	all except 3.3.2	all

**SACSCOC Policies and Procedures.** A policy is a **required** course of action to be followed by the Commission on Colleges or its Candidate or Member institutions. SACSCOC policies may also include procedures, which are likewise a **required** course of action to be followed by the Commission on Colleges for its Candidate or Member institutions. *The Principles of Accreditation* requires that an institution comply with the policies and procedures of the Commission. (See Comprehensive Standards 3.12 and 3.13.) Available at [www.sacscoc.org](http://www.sacscoc.org), SACSCOC policies are updated twice annually following the meetings of the SACSCOC Board of Trustees. Relevant to some institutions seeking initial accreditation are two policies that address special circumstances involving two Core Requirements -- “Documenting Core Requirement 2.3: Documenting an Alternative Approach” and “Documenting Core Requirement 2.7.4: Documenting an Alternative Approach.” In addition, “Integrity and Accuracy in Institutional Representation” provides helpful insight into the Commission’s Integrity Principle, and the “Distance and Correspondence Education” policy assists institutions in identifying compliance considerations embedded in these modes of delivery. Taking the time to become acquainted with SACSCOC policies early in the initial accreditation process is recommended for doing so can help to ensure that the institution has adequate time to build a documented history of compliance with Comprehensive Standard 3.13 (Policy compliance), which will be reviewed by the Accreditation Committee.

**SACSCOC Guidelines.** Approved by the Executive Council, a guideline is an **advisory** statement describing recommended educational practices for documenting

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compliance. As such, guidelines are examples of commonly accepted practices that constitute compliance with a standard. Depending on the nature and mission of the institution, however, other approaches may be more appropriate and also provide evidence of compliance. Guidelines are also available at [www.sacscoc.org](http://www.sacscoc.org). Institutions considering applying for initial accreditation might want to explore “The Accreditation Liaison,” which provides guidelines for establishing an effective working relationship with the SACSCOC.

**Good Practices.** Good practices, which are commonly-accepted practices for enhancing institutional quality, may be formulated by outside agencies and organizations. Good practices that have been endorsed by the Executive Council or the SACSCOC Board of Trustees are available at [www.sacscoc.org](http://www.sacscoc.org).

**SACSCOC Position Statements.** A position statement examines an issue (such as diversity or transfer of credit) facing the Commission’s membership, describes appropriate approaches, and states the Commission’s stance on the issue. Position statements that have been endorsed by the Executive Council or the SACSCOC Board of Trustees are available at [www.sacscoc.org](http://www.sacscoc.org).

**SACSCOC Forms.** Forms play an important role in the initial accreditation process. Some templates, such as the Application for Membership, organize the presentation of information about an institution and its documentation of compliance with SACSCOC standards; others, such as the Report of the Candidacy Committee, organize the findings of the peer evaluation of the institution. Some forms, such as the Faculty Roster form and the Templates for the Compliance Certification, help institutions format information for presentation to the Commission. Others, such as the Information Outline for a Committee Visit, enable institutions to format information for visiting committees. SACSCOC forms are available at [www.sacscoc.org](http://www.sacscoc.org).

## Documents Required During the Initial Accreditation Process

Four documents are completed by institutions during the initial accreditation process; three (the Application for Membership, the Compliance Certification, and the Institutional Summary Form Prepared for Commission Reviews – all available at [www.sacscoc.org](http://www.sacscoc.org)) are prepared specifically for evaluation of the institution as it moves through the process. The fourth – the institutional profiles – are completed on an annual basis by all Candidate and Member institutions.

1. **The Application for Membership.** Available on the “Application Information” webpage, the Application for Membership serves two purposes. Review of the *initial* Application for Membership and its subsequent revisions is the basis for the determination of whether or not a Candidacy Committee visit will be authorized. The *updated* Application for Membership is the primary documentation of compliance used by the Candidacy Committee during its on-site review of the Applicant institution. Part II of this handbook addresses preparation of the Application.

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2. **The Compliance Certification.** The Compliance Certification, which is also available through the “Application Information” webpage, is the document completed by the institution for the Accreditation Committee in order to demonstrate the institution’s compliance with the Core Requirements (except for 2.12), Comprehensive Standards (except for 3.13.1), and Federal Requirements. Part IV of this handbook addresses the preparation of the Compliance Certification. The signatures of the chief executive officer and the accreditation liaison on the Compliance Certification are a “bond of integrity” that attests to the institution’s honest, forthright, and comprehensive institutional analysis and the accuracy and completeness of its findings.
  3. **The Institutional Summary Form Prepared for Commission Reviews.** The Institutional Summary Form includes the following information: a list of educational programs and degrees offered, identification of governance control, a brief history and institutional characteristics, a list of off-campus sites and distance learning modalities, accreditation status with other agencies, and the institution’s relationship with the U.S. Department of Education. It is provided to the Commission staff member and both the Candidacy Committee and the Accreditation Committee. Available under “Institutional Resources,” this document is used to help plan the committee visits as well as to provide an official record of the programs, sites, and delivery modes included in the on-site reviews.
  4. **Institutional Profiles.** Institutional Profiles are submitted annually to the Commission by Candidate and Member institutions to provide updates of general institutional information, financial information, and enrollment data. This information is maintained by the Commission and is made available to the Off-Site Reaffirmation Committee to use during the reaffirmation process to identify financial trends and other indicators of institutional stability. Profile data are also used to calculate dues billings for Candidate and Member institutions.

The Commission on Colleges will honor requests by agencies, institutions, or individuals for accreditation documents such as those listed above only upon receipt of written approval of disclosure by the institution or after proper subpoena and/or court order. If an institution’s documents are sought by subpoena or court order, the Commission will notify the institution of its intent to comply with the request. The Commission may share its correspondence with Applicant and Candidate institutions with other accrediting commissions of higher education, the Council for Higher Education Accreditation, or the U.S. Department of Education in conjunction with the recognition process. Commission policy “Disclosure of Accrediting Documents and Actions of the Commission on Colleges,” available at [www.sacscoc.org](http://www.sacscoc.org), details procedures for the release of accreditation information and documents.

## Methods of Submission

Although institutions may submit the Application for Membership, the Compliance Certification, and most of the other documents required for the initial accreditation process in

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either paper or electronic form, a few documents must be distributed in paper form. The Commission requires that all institutions mail ***one paper copy*** of the signed Compliance Certification (without the supporting documentation) and two paper copies of the audit and management letter for the most recently completed fiscal year to the institution's ***Commission staff member***. A paper copy of the most recent audit and management letter should also be sent to the ***Chair of the Candidacy Committee, the Chair of the Accreditation Committee***, and the ***finance evaluator on each of those committees***. See Appendix II-1 (Distribution Matrix for Materials – *Electronic Submission*) and Appendix II-2 (Distribution Matrix for Materials – *Paper Submission*) for a summary of distribution requirements.

## Steps in the Initial Accreditation Process

Twelve steps in the initial accreditation process weave together the work of the applying institution, the Candidacy and Accreditation Committees, the SACSCOC Board of Trustees, and Commission staff. Each step is addressed in more detail elsewhere in this handbook. These twelve steps cluster around four phases of the accreditation process: (1) building a foundation of understanding, (2) the initial paper review of an applicant institution, (3) the first on-site review by a Candidacy Committee, and (4) the second on-site review by an Accreditation Committee. The general timeframe for these steps is addressed in the next section of Part I.

The shortened initial accreditation process for centers, campuses, and other sites of member institutions seeking separate accreditation is summarized in Appendix I-1 and detailed in Commission policy “Separate Accreditation for Units of a Member Institution,” available at [www.sacscoc.org](http://www.sacscoc.org). There is no provision for Candidacy in the process for separate accreditation of a unit of a SACSCOC member institution. The unit remains accredited under the parent campus until separate accreditation is achieved.

### Phase 1: Building a Foundation of Understanding

1. **The Pre-Applicant Workshop.** Prior to submitting an Application for Membership, all prospective applicants (including campuses of member institutions seeking separate accreditation) are **required** to attend a one-day Workshop for Pre-Applicants, which is designed to (1) review the procedures for attaining membership, (2) provide an understanding of the Commission on Colleges and its accreditation procedures, and (3) explain how to complete the application. This workshop is held three times a year – in January, April, and October – at the Commission's office in Decatur, GA. Registration closes one week before the workshop. Because workshop space is limited, institutions may register a maximum of two persons. The workshop agenda and registration form are available at [www.sacscoc.org](http://www.sacscoc.org) under “Application Information.”
2. **The Pre-Applicant Institutional Effectiveness Workshop.** All attendees at the Workshop for Pre-Applicants are **invited** to attend a one-day Institutional Effectiveness Workshop for Pre-Applicants, which is designed to illustrate how to write adequate narratives and appropriately document compliance with the three SACSCOC standards

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that have historically proven most difficult for applicants to address -- Core Requirement 2.5 and Comprehensive Standards 3.3.1 and 3.5.1. This workshop is held three times a year – in January, April, and October – at the Commission's office in Decatur, GA, on the day following the Workshop for Pre-Applicants. Registration closes one week before the workshop. Because workshop space is limited, attendance is limited to two individuals per institution. The workshop agenda and registration form are available at [www.sacscoc.org](http://www.sacscoc.org) under “Application Information.”

## **Phase 2: Initial Paper Review**

- 3. Preparation of the Initial Application.** The institution prepares and submits its Application for Membership, including all relevant supporting documentation. Part II of this handbook addresses preparation of the two parts of the Application for Membership.
- 4. Discussion of the Staff Analysis of the Initial Application.** One member of the SACSCOC staff is assigned responsibility for reviewing all applications. Generally within six months of receipt of the application, that staff member looks very closely at the narration and documentation submitted and emails the institution’s CEO an in-depth analysis of the strengths and weaknesses of the initial Application for Membership. The Applicant institution is invited to meet with staff in Atlanta to discuss this analysis.
- 5. Submission of the Revised Application.** Following discussion of the analysis of the original submission, the Applicant institution is invited to submit supplementary information to enhance its narratives and documentation of compliance.
- 6. Authorization of a Candidacy Committee Visit.** Visits are authorized if the Application for Membership documents compliance with Core Requirements 2.1-2.11, the Federal Requirements, and Comprehensive Standards, 3.3.1, 3.5.1, and 3.7.1. For the vast majority of Applicant institutions, authorization of a Candidacy Committee visit stems from the review of the revised Application by one of the Committees of Compliance and Reports, a recommendation to the Executive Council, and subsequent authorization by the SACSCOC Board of Trustees at its June or December meeting. For those Applicants, however, whose revised Applications for Membership are extremely strong, the President of the Commission may authorize the Candidacy Committee’s visit. If authorization of a Candidacy Committee is denied, the current application process ends; however, an institution may choose to re-apply and submit a subsequent Application for Membership at its discretion.

## **Phase 3: On-Site Review by a Candidacy Committee**

*(Not applicable to campuses of member institutions seeking separate accreditation)*

- 7. Preparation for the Candidacy Committee’s Visit.** The institution prepares an updated Application for Membership and sends it, along with the Institutional Summary Form Prepared for Commission Reviews, catalog(s), and written response to Third Party

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comment (if applicable), to the Candidacy Committee and to the assigned SACSCOC staff member. Part III of this handbook provides guidelines for developing the packet of materials for the visit and for hosting the Committee.

8. **The Candidacy Committee's Visit and Report.** The Candidacy Committee visits the institution, including off-campus sites (if applicable) to verify the information presented in the updated Application for Membership. The Committee completes the Report of the Candidacy Committee, which is submitted to the SACSCOC Board of Trustees. The institution's SACSCOC staff member transmits a copy of the Candidacy Committee's final report to the institution. Part III of this handbook discusses the role and responsibilities of this Committee, the daily schedule for its visit, and the report that it writes.
9. **SACSCOC Board Action.** After review of the primary document – the Report of the Candidacy Committee – and any supplemental materials that may have been identified by the Candidacy Committee for SACSCOC Board review, the Board either awards Candidacy status for a maximum of four years or denies Candidacy status. If Candidacy is denied, the application process ends; however, denial of Candidacy is appealable.

#### **Phase 4: On-Site Review by an Accreditation Committee**

10. **Preparation for the Accreditation Committee's Visit.** Generally, within six months of the award of Candidacy status, the assigned SACSCOC staff member visits the institution to consult on preparation of the Compliance Certification for the upcoming visit of the Accreditation Committee. The institution sends its Compliance Certification, along with the Institutional Summary Form Prepared for Commission Reviews, catalog(s), and written response to Third Party comment (if applicable), to the Accreditation Committee and to the assigned SACSCOC staff member. Part IV of this handbook provides guidelines for developing the packet of materials for the visit and for hosting the Accreditation Committee.
11. **The Accreditation Committee's Visit and Report.** Within eighteen months of the date that the institution achieved Candidacy status, the Accreditation Committee visits the institution, including a selection of off-campus sites (if applicable) to verify the information presented in the Compliance Certification. The Committee completes the Report of the Accreditation Committee, which is submitted to the SACSCOC Board of Trustees. The institution's SACSCOC staff member transmits a copy of the Accreditation Committee's final report to the institution. Part IV of this handbook discusses the role and responsibilities of this Committee, the daily schedule for its visit, and preparation for SACSCOC Board action. During the five months immediately following the Committee's on-site review, the institution prepares a response to the recommendations in the Report of the Accreditation Committee and submits it to the assigned SACSCOC staff member, who sends a copy of the response to the Chair of the Accreditation Committee for evaluation.

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12. **SACSCOC Board Action.** After review of the three primary initial accreditation documents – Report of the Accreditation Committee, the institution’s Response to the Visiting Committee Report, and the chair’s analysis of the institution’s response – along with an analysis of the institution’s response by the SACSCOC staff member, the SACSCOC Board of Trustees generally either awards Initial Accreditation or Continues the institution in Candidacy. An institution that is Continued in Candidacy after its first Accreditation Committee visit must host a second Accreditation Committee visit within the next eighteen months.

## Timeline

After an institution has attended the Pre-Applicant Workshop, the time required to move through the remaining steps and achieve initial accreditation varies widely. A best case scenario would allow an institution to complete the process in approximately three and a half years... **IF** the initial Application for Membership can be scheduled for review shortly after submission, **IF** the initial Application for Membership is exceedingly strong so that a Candidacy Committee can be authorized by the President of the Commission, **IF** the most recent audit is available so that the Candidacy Committee visit can be scheduled almost immediately and take place within four to six weeks of the next meeting of the SACSCOC Board of Trustees, and **IF** the institution can quickly develop a strong Compliance Certification and produce the audits and management letters for the most recent fiscal year ending prior to the Board of Trustees review so that the SACSCOC Board can review the Report of the Accreditation Committee eighteen months after Candidacy status has been awarded.

The reality of the process, however, is that it is extraordinarily difficult to get all of the steps of the initial accreditation process to align in this fashion. After attending the Pre-Applicant Workshop, many institutions realize that they must devote six, twelve, or eighteen months or more to growing into compliance with such issues as institutional effectiveness or faculty qualifications. The time required to review the Application after submission is extremely difficult to predict; as might be expected, Applications are reviewed in the order in which they are received, and they seldom arrive at a time when no other Application for Membership is already in the queue. Furthermore, the time required to address weaknesses cited in the staff analysis of the initial Application varies among institutions from several weeks to many months to a year or more. Since most Applications are sent to the SACSCOC Board for authorization of a Candidacy Committee visit, the initial accreditation typically is put on hold until the Board meets, and due to the requirement that the Board review the audit of the most recently completed fiscal year, the next scheduled meeting of the SACSCOC Board may take place too soon for the most recent audit to be finalized. Also, the timing of the campus visit by the Candidacy Committee will be determined by the available dates on the SACSCOC staff member’s calendar, so it may need to be scheduled later than desired by the institution, and it, too, may need to be delayed while the most recent financials are finalized. Lastly, because many institutions need the full twenty-four months allotted to move from the granting of Candidacy status to SACSCOC review of the Report of the Accreditation Committee, Timeline A, the fast-track timeline depicted in Figure 5, may not be a realistic option.

**Figure 5: Sample Timelines for Achieving Initial Accreditation**

	<b>Timeline A (fast-track)</b>	<b>Timeline B (Typical)</b>
Institution attends Pre-Applicant Workshop	Year One: January	Year One: January
Institution submits <b>Application</b>	Year One: June	Year One: July
Additional information requested – Additional information received	Year One: October	Year One: November
Additional information reviewed	Year One: November	Year Two: January
<b>Candidacy Committee authorized</b> internally by the President	Year Two: January	
<b>Candidacy Committee authorized</b> by the SACSCOC Board of Trustees		Year Two: June
<b>Candidacy Committee visits</b> the institution	Year Two: April	Year Two: October
SACSCOC Board grants <b>Candidacy</b>	Year Two: June	Year Two: December
SACSCOC staff <b>advisory visit</b> to the institution	Year Two: July	Year Three: January
<b>Accreditation Committee visits</b> the institution	Year Three: September	Year Four: March
SACSCOC Board grants <b>initial accreditation</b>	Year Four: June	Year Four: December

Institutions need to set the an expected timeline that takes into consideration (1) their initial level of compliance with the Core Requirements, Comprehensive Standards, and Federal Requirements at the time they attend the Pre-Applicant Workshop, (2) the extent to which their staff understand SACSCOC expectations for compliance and can therefore write effective narratives and select documentation, (3) the pace at which their institutional culture can be expected to embrace SACSCOC standards in areas that need enhancement, and (4) the

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institutional capacity to carve out sufficient time to complete two major documents -- the Application for Membership and the Compliance Certification -- and to host two on-site reviews. Perhaps the most important factor for consideration in developing a timeline is the institution's auditing calendar. Because SACSCOC policy requires a separate audit and management letter for the most recent fiscal year ending prior to submission of the Application for Membership and prior to any committee visit for Candidacy, Candidacy renewal, or Initial Accreditation, the availability of audits for the most recent fiscal year plays a significant role in facilitating or delaying an institution's progress through the Initial Accreditation process.

## Responsibilities During the Initial Accreditation Process

The initial accreditation process not only forges bonds among various campus groups but also draws the institution to the SACS Commission on Colleges through on-going support and communication provided by SACSCOC staff members and through the work of the numerous peers who review of the institution's Application for Membership, Report of the Candidacy Committee, Compliance Certification, Report of the Accreditation Committee, and the institutional response (if applicable).

Depending upon the size and complexity of an institution, the number of individuals who contribute to the development of the two primary accreditation documents – the Application for Membership and the Compliance Certification – will vary considerably. Nonetheless, the initial accreditation process is the same for all new Applicant institutions, regardless of size or mission, and SACSCOC believes that the process functions most effectively when the institution's leadership pulls together to guide the institution towards initial accreditation. Although the initial accreditation process for new Applicant institutions differs from the process for campuses of member institutions seeking separate accreditation, the responsibilities described below apply to all institutions seeking initial accreditation.

**The Leadership Team.** Most Applicant institutions establish a Leadership Team to manage and validate the internal institutional assessment of compliance with the Core Requirements, Comprehensive Standards, and Federal Requirements in Part B of the Application for Membership and in the Compliance Certification. Some institutions elect to give responsibility for conducting this analysis of compliance to an existing committee/council; others form an ad hoc group for this particular purpose. This team should include individuals who have the skills, knowledge, and authority to lead this effort and who have access to the required data and information. The team should not be large, but its membership would normally include the chief executive officer, the chief academic officer, the accreditation contact, and a representative faculty member. The responsibilities of the Leadership Team include, but are not limited to:

- Coordinating and managing the internal process for achieving Candidacy status and initial accreditation, including developing the structure and timelines for ensuring the timely completion of all tasks.

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- Coordinating the completion of the Application for Membership and the Compliance Certification by overseeing the institutional review of compliance with the *Principles of Accreditation* and the documentation of evidence supporting that compliance.
  - Ensuring that the institutional community is engaged in the initial accreditation process and is informed of its progress.
  - Overseeing the completion and ensuring the accuracy of the Institutional Summary Form submitted to the Candidacy Committee and updated for the Accreditation Committee.
  - Overseeing preparations for the two on-site visits.
  - Ensuring that the appropriate follow-up activities are in place to address compliance issues cited during the discussion of the initial Application for Membership, recommendations written by the Accreditation Committee, and requests for subsequent monitoring reports by the SACSCOC Board of Trustees.

**The Chief Executive Officer.** The chief executive officer is expected to provide active leadership and ensure continuing support for the initial accreditation process. Oftentimes, the CEO is one of the two institutional representatives who attend the Pre-Applicant Workshop; the CEO also typically joins the Leadership Team for the discussion of the staff analysis of the initial Application for Membership. Additionally, the CEO is responsible for the following:

- Ensuring the integrity of the internal review process and the accuracy of all submissions.
- Providing adequate personnel and financial resources to support the initial accreditation process.
- Reviewing progress reports and providing feedback.
- Informing the institution's governing board on a periodic basis concerning matters related to initial accreditation.

**The Accreditation Contact.** When the Application for Membership is submitted, the Applicant institution is asked to designate one of the members of the Leadership Team as the accreditation contact. The assigned SACSCOC staff member and the Chair of the Candidacy Committee will work closely with the institution's accreditation contact as the Application undergoes its initial review and as the institution prepares for the first on-site review. After an institution achieves Candidacy status, it will be asked to appoint an Accreditation Liaison, whose role is described at the end of Part III of this handbook.

**The Governing Board.** As the active policy-making body for the institution, principal authority for embarking on the process of securing initial accreditation rests with the governing board. After this decision has been made, the Board must assume responsibility for supporting the process by ensuring adequate financial resources to cover both the direct and indirect costs of this venture. While Board members do not engage in the

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drafting of the institution's accreditation documents – the Application for Membership and the Compliance Certification, they should become familiar with both the process for initial accreditation, the documents prepared by the institution, the two reports developed by visiting committees, and the correspondence that documents official action taken by the SACSCOC Board of Trustees. For this reason, Board members are invited to attend the staff advisory sessions that follow the granting of Candidacy status. Some members of the Board are expected to schedule time to talk with representatives of the Candidacy Committee and the Accreditation Committee during their visits to campus.

**Commission Staff.** Throughout the initial accreditation process, Commission staff members serve as an on-going source of information about Commission standards and procedures. Their relationship with Applicant and Candidate institutions begins with the Pre-Applicant Workshop. That relationship continues to develop as the Commission staff members assigned to these institutions assume responsibility for:

- Reviewing and providing an analysis of the Application for Membership.
- Placing the application on the agenda of the C&R Committee for authorization of a Candidacy Committee visit.
- Establishing a positive working relationship with the institution's Leadership Team as preparations are made for the two on-site reviews.
- Providing information to the institution that it will need in carrying out its responsibilities during the initial accreditation process.
- Providing appropriate advisory services related to the initial accreditation process.
- Serving as liaison between the Candidacy Committee, the Accreditation Committee, and the institution.
- Selecting, structuring, and advising the two visiting committees and assisting them during their on-site reviews.
- Consulting with the institution as it prepares its response to the Report of the Accreditation Committee, if a Response is required.
- Being available for consultation with the institution if the SACSCOC Board of Trustees requires a Monitoring Report.

Commission staff members do not set accreditation standards, nor do they approve SACSCOC policies and procedures, but they are expected to ensure a just and equitable review process for all institutions – Applicant, Candidate, and Member – in accordance with the policies and procedures adopted by the SACSCOC Board of Trustees. They are also charged with advising and informing the Board and its committees on matters relative to an institution. To provide stability and consistency throughout the process, responsibility for facilitating the flow of Applicant and Candidate institutions through the initial accreditation process has been assigned to a team of three staff members – one who reviews all of the

**Figure 6: Commission Staff Assignments: Roles During Initial Accreditation**

	Staff member 1	Staff member 2	Staff member 3
<b>Pre-Applicant Workshop</b>	Primary presenter	Tertiary presenter	Secondary presenter
<b>Pre-Applicant IE Workshop</b>	Secondary presenter		Primary presenter
<b>Initial Application for Membership</b>	Reviews the application & prepares the written staff analysis	Reviews the audits and drafts an analysis for CR 2.11 and FR 4.7	
<b>Meeting to discuss the initial staff review</b>	Primary presenter	Secondary presenter	Tertiary presenter
<b>Authorization of a Candidacy Committee visit</b>	Prepares materials for review by the SACSCOC Board	Present during discussion by the SACSCOC Board <u>if</u> financial issues require clarification	Hears discussion by the SACSCOC Board and conveys the decision to the institution
<b>The Candidacy Committee visit</b>		Reviews the latest audit (if an additional fiscal year has closed)  Present during discussion by the SACSCOC Board <u>if</u> financial issues require clarification	Selects the Candidacy Committee, consults with the institution on appropriate preparations for the visit, accompanies the Candidacy Committee to Campus, provides consultation to the Committee as they develop their report, prepares materials for review by the SACSCOC Board, hears the Board's discussion, and conveys the decision to the institution
<b>The Accreditation Committee visit</b>		Reviews the latest audit	Selects the Committee, consults with the institution on appropriate preparations for the visit, accompanies and provides consultation to the Committee, prepares materials for the SACSCOC Board, hears the Board's discussion, and conveys the decision to the institution

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Applications for Membership and facilitates Phases 1 and 2 of the initial accreditation process, one who provides consultation on the institution's compliance with the Commission financial resources requirements throughout all phases of the initial accreditation process, and one whose primary role is to facilitate Phases 3 and 4. Their roles are summarized in Figure 6.

**Visiting Committees.** As an institution moves through the initial accreditation process, two discrete review committees, the Candidacy Committee and the Accreditation Committee, assess institutional compliance and submit written reports for subsequent action by SACSCOC Board of Trustees. The Candidacy Committee conducts the first site visit to all teaching locations to confirm compliance with the Core Requirements (except for 2.12), three Comprehensive Standards (3.3.1, 3.5.1, and 3.7.1), and all of the Federal Requirements. The Accreditation Committee conducts the second site visit to the main campus and to a sampling of off-campus teaching sites to confirm compliance with the Core Requirements (except for 2.12), the Comprehensive Standards, and the Federal Requirements. Both committees address Third Party comments, if applicable. All visiting committee members are expected to analyze an institution's compliance with the relevant accreditation standards, formulate recommendations or statements of committee findings, and write draft narrative that reflects the consensus of the committee. Fulfilling this responsibility requires completion of reading assignments, communication with other committee members and Commission staff, and professional conduct in executing the work of the SACSCOC. Additional information about the specific tasks of each committee and the review process followed by each one can be found in Parts III and IV of this handbook.

**The SACSCOC Board of Trustees.** During the initial accreditation process, the SACSCOC Board of Trustees typically acts on three primary documents – the Application for Membership, the Report of the Candidacy Committee, and the Report of the Accreditation Committee. Whether the Trustees are serving on Committees on Compliance and Reports or on the Executive Council, they are expected to bring to their tasks informed review, thoughtful analysis, and reasoned decision-making. Trustees are expected to maintain complete confidentiality and conduct themselves with professional integrity. For further information about the review process, see Commission policy “Ethical Obligations of Members of SACSCOC Board of Trustees and of Evaluators,” which is available at [www.sacscoc.org](http://www.sacscoc.org).

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## **Phase 2: Initial Review of Applicant Institutions**

*An institution seeking authorization of a Candidacy Committee must first complete an application documenting its compliance with Core Requirements 2.1-2.11, Comprehensive Standards 3.3.1, 3.5.1, and 3.7.1, and Federal Requirements 4.1-4.7 of The Principles of Accreditation. These requirements are basic expectations of institutions seeking Candidacy.*

*Accreditation Procedures for Applicant Institutions (January 2009)*

## Initial Review of Applicant Institutions

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## Part II

# THE APPLICATION FOR MEMBERSHIP

The Application for Membership is the first document prepared by pre-Applicant institutions as they begin the process of achieving initial accreditation by the SACS Commission on Colleges. The Application for Membership has two primary functions: (1) to provide sufficient evidence of compliance with the requisite requirements so that a Candidacy Committee visit is authorized and (2) to function as the foundational document for the Candidacy Committee's review. Because the Application for Membership introduces the prospective member institution to the Commission, it requires careful, thoughtful preparation to ensure that its content is both complete and accurate and that its style is reader-friendly. Paper submissions need to be extremely efficient, yet complete, in their citation of documentation so that they are not unnecessarily cumbersome and difficult to read; electronic submissions need to be developed with standard protocols to ensure that the links will work on a range of computers. **International institutions applying for membership must submit all materials in English. Audits must be in English and U.S. dollars.**

Typically, the staff conference to discuss the *initial* Application leads to the submission of a *revised* Application for Membership, which serves as the basis for authorization of a Candidacy Committee visit. Throughout the application process, the institution will update its Application as needed. Because Candidacy Committee visits generally do not occur during the term that the visit was authorized (and often do not occur during the same academic year that the visit was authorized), an institution subsequently *updates* its *revised* Application for the Candidacy Committee to ensure that the document presents an accurate and current description of the institution.

## Part A: Institutional Characteristics

As the name suggests, Part A of the Application for Membership is designed to present facts about key features of the institution so that the reader can quickly grasp its essential characteristics. Because this factual overview relies heavily upon the presentation of charts, tables, and lists, of the two parts of the Application for Membership, Part A is the easier one to complete. Where appropriate, the entries in Part A should describe or explain unusual characteristics of the institution to ensure that the evaluator has an accurate frame of reference. In addition, Part A must address all of the relevant issues and describe the institution in its entirety -- all educational programs, all teaching sites, and all delivery systems.

**History of the Institution.** Brevity is the key to success for this section of Part A. The history needs to be just long enough to acquaint the reader with the primary elements in

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the institution's evolution and with its unique features. For many institutions, the institutional history in the catalog suffices.

**Type of Control.** Whether an institution is public or private is a significant factor in identifying an appropriate pool of “peer” reviewers for the two committee visits that are part of the initial accreditation process. Knowing that an institution is a part of a system or that it is a proprietary institution prepares the reviewer to anticipate governance features and financial circumstances characteristic of such entities.

**Organizational Chart.** From the peer reviewer's perspective, a good organizational chart can be worth its weight in gold and should be structured so that the entries in the boxes can be read without use of a magnifying glass. In addition to identifying not only the position but also the individual holding the position, the organizational chart should be comprehensive; it should show the reporting relationship of the CEO to the governing board, and it should include all administrative, academic, and support units.

**Educational Programs.** The presentation of information about educational programs in Part A is quite straight forward with (1) boxes to check on the levels of programs offered, (2) lists to develop for diploma, certificate, and degrees awarded, and (3) tables to fill to display normal credit hour loads and other accrediting agencies. The accuracy and completeness of this initial inventory of programs is extremely important because this inventory captures the educational footprint of an institution.

**Methods of Delivery.** Since methods of delivery (on campus face-to-face, off-campus face-to-face, correspondence, and electronic) impact so many aspects of an institution – finances, facilities, staffing, policies/procedures, just to name a few – this section of Part A plays a major role in establishing expectations for the reviewer. Linkages between the short answers to some of the questions addressed here and the reasoned arguments for compliance with selected requirements and standards in Part B should not be overlooked. For example, here in Part A entries for off campus face-to-face, correspondence, and electronic methods of delivery all require a brief description of student access to library resources and to student support services. In Part B, the institution must address its compliance with the SACSCOC requirements regarding library resources and services (CR 2.9 Learning Resources and Services) and student support services (CR 2.10 Student Support Services). Consequently, much of what is provided at this point in Part A should be cross-referenced, paraphrased, or hot-linked in narratives in Part B. Additional relationships to establish between this section on methods of delivery and Part B include incorporating references to off-campus locations in CR 2.11.2 (Physical Resources) and to the number of full-time faculty teaching at off-campus location in CR 2.8 (Faculty).

**Enrollment Data.** To ensure comparability of data presented by applicants, SACSCOC definitions of full-time undergraduate and graduate students are provided in the directions for completing this section. These definitions may not necessarily match the definitions used at applying institutions; nonetheless, institutions are expected to use the formulas provided for calculating the respective enrollments according to these SACSCOC

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definitions. The enrollment data presented here can be cross-referenced or hot-linked in Part B’s argument for compliance with CR 2.6 (Continuous Operation).

**Faculty Qualifications.** Institutions need to be meticulous in preparing the Roster of Instructional Staff in accordance with the precise directions provided. Like the section on methods of delivery, the documentation provided here in Part A links directly to a section in Part B, in this instance CS 3.7.1 (Faculty competence). The narrative for CS 3.7.1 should cross-reference or hot-link to the rosters presented here. The considerations enumerated in CS 3.7.1 may assist institutions in identifying the types of “Other Qualifications or Experience” that are appropriate for the fourth column on the roster form.

**Library / Learning Resources.** This section of Part A collects factual information in a variety of areas: space usage, library staff, library materials, information technology and electronic resources, cooperative agreements, and analysis of library resources. Many of the lists and tables presented here should be cross-referenced or hot-linked in Part B’s narrative for CR 2.9 (Library Resources and Services). Since this section of Part A contains multiple sections, care must be taken to address all of the relevant details. For example, if an institution has cooperative agreements, signed agreements must be included and the institution must document how the resources provided through the cooperative agreement support the institution’s programs.

**Financial Resources.** The three years of applicable supplementary schedules and two tables required here are typically cross-referenced or hot-linked in the narratives for addressing “sound financial base” and “demonstrated financial stability” in Part B for CR 2.11.1 (Financial Resources). Foreign institutions are reminded that all financial data, including audits, audit footnotes, and management letters, must be presented in U.S. dollars and English. Definitions of the categories referenced throughout this section are provided in *College and University Business Administration*, available from the National Association of College and University Business Officers. A clear understanding of those categories is essential for accurately providing the requested information.

**Physical Resources.** By sites, this section addresses the general adequacy, size, fireproof quality, and state of repair of all structures (both existing and under construction) used for instruction, housing, and student activities. These details should be cross-referenced or hot-linked in the narrative for CR 2.11.2 (Physical Resources) in Part B.

## **Part B: Documentation of Compliance**

Developing Part B of the Application for Membership is a bit more complex than assembling the descriptions, lists, and tables of facts required for Part A. Part B requires that an institution “make its case” by crafting a reasoned argument for compliance with all of the key issues embedded in each applicable Core Requirement, Comprehensive Standard, and Federal Requirement and then supporting the assertions made in those arguments with appropriate and sufficient documentation. Becoming adept at doing so takes time, and institutions frequently struggle with this task.

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Appendix I-1 (Weaknesses Identified During Review of Initial Applications for Membership) illustrates the types of shortcomings that have worked their way into Part B of initial Applications for Membership recently received. The wide variety of comments in Appendix I-1 calls attention to the types of details that applying institutions frequently overlook when addressing SACSCOC standards for the first time. Many comments focus on weaknesses in the documentation presented – “the authorization appears to have expired,” “the institution relies heavily on student ratings to assess its effectiveness,” and “some of the information in the marketing materials provided conflicts with information elsewhere.” Others address the clarity and completeness of the narrative – “the institution should explain the relationships among these three positions,” “it does not appear as though the institution has provided information regarding library resources and services at all locations,” and “no information was provided concerning duties of full-time faculty.” Some focus on the missing materials – “the institution failed to provide a separate institutional audit and management letter,” “the institution should provide examples of changes and improvements resulting from assessment activities,” and “the institution should note which courses fall under the humanities/fine arts category, the behavioral/social science category, and the natural science/mathematics category.” Close review of this appendix should assist institutions in reviewing their *initial* Applications for Membership for completeness prior to submission.

Taking the time to avoid the pitfalls illustrated in Appendix I-1 can enhance the quality of an institution’s initial Application for Membership and reduce the amount of re-working required. Establishing a good understanding of the requirements and standards set forth in *The Principles of Accreditation*, identifying adequate and comprehensive documentation of compliance, and producing a well-written narrative are fundamental building blocks for constructing a successful Part B.

## Understanding the Standard

Like all good processes everywhere, the process of developing an effective Part B of an Application for Membership begins with establishing a foundation of understanding. Even the most diligent and conscientious writers will fail to develop a convincing argument for compliance if they do not first understand the meaning of the standard within the context of an institution with their unique mission.

**Identifying the Compliance Components.** The lives of the leaders at pre-Applicant institutions would be considerably less stressful if all of the Commission’s standards were as simple and straightforward as 2.1 (Degree-granting Authority) – “The institution has degree-granting authority from the appropriate government agency or agencies.” Generally, however, the Commission’s standards combine multiple compliance components in the same statement. A methodical approach to these standards can tease out the components that must be addressed.

- Look for numbers (2.5 Institutional Effectiveness) – “...(1) incorporate a systematic review of institutional mission, goals, and outcomes; (2) result in continuing improvement in institutional quality; and (3) demonstrate the institution is effectively accomplishing its mission.”

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- Look for commas (2.5 Institutional Effectiveness) –“The institution engages in ongoing, integrated, and institution-wide research-based planning and evaluation processes....”
  - Look for compound modifiers (2.5 Institutional Effectiveness) -- “**institution-wide research-based** planning and evaluation processes.”

Investing time at the outset to identify how many issues must be addressed in order to document compliance with each standard is well worth the effort. Not only will doing so provide a basis for the institution’s determination of its level of compliance with each standard, it will also assist in the organization of the narrative and increase the probability that the narrative is comprehensive and complete. Many comments that surface during the initial review of the Application are the result of an institution’s having addressed in its narrative most, but not all, of the variables. Because an Application for Membership must address all of the variables in each of the applicable requirements and standards before a Candidacy Committee visit is authorized, Appendix I-2 (Part B: Compliance Components to Address) is designed to assist pre-Applicant institutions in the identification of the discrete issues or compliance components that must be addressed and documented in Part B. In addition, Appendix I-2 contains suggestions for developing narratives and identifying documentation. To provide a link to the on-site review process, for some requirements and standards, Appendix I-2 also provides excerpts from reports prepared by SACSCOC committees. These excerpts provide details that have contributed to findings of non-compliance by the Commission’s evaluators.

**Reviewing Relevant Commission Policies.** Another approach to understanding the meaning of the standards is to be certain to review relevant Commission policies, which can be accessed at [www.sacscoc.org](http://www.sacscoc.org). These relevant policies, whose names are provided at the ends of the standards themselves, fall into two categories.

1. For some standards, such as CR 2.3 (Chief Executive Officer) and CR 2.7.4 (Course Work for Degrees), the Commission has developed ***a policy for documenting an alternative approach to establishing compliance*** with the standard as written. Since a number of member institutions award baccalaureate degrees but offer no freshman or sophomore courses, for example, the policy interpretation of 2.7.4 provides those institutions with an alternative method for documenting control over the entire baccalaureate curriculum. Whenever an institution’s characteristics demand documenting an alternative approach, the institution must make an official request for approval of an alternative approach and document that alternative approach in the institution’s Application for Membership.
2. For others, such as CS 3.4.4 (Acceptance of academic credit) and CS 3.12 (Responsibility for compliance with the Commission’s substantive change procedures and policy), the Commission has ***a policy that details requirements related to the same issue*** covered by the standard. In these instances, the institution should review the policy to confirm that the institution’s policies and procedures on the issue are compliant with the policy’s requirements. Awareness of this connection between some of the Commission’s standards and some of its policies can not only assist the

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institution in expanding its understanding of the standard, but it can also help the institution to maintain compliance with CS 3.13 (Responsibility for compliance with other Commission policies).

See Appendix I-3 (Standards that Cross-Reference Commission Policies) for a list of the nine requirements and standards that link to Commission policies. Three (CR 2.3, CR 2.7.4, and FR 4.5) pertain to standards addressed in the Application for Membership and subsequently reviewed by the Candidacy Committee during its visit; the remaining six pertain to standards that are addressed in the Compliance Certification and reviewed by the Accreditation Committee during its visit.

## Documenting Compliance

After the institution is satisfied that it understands each standard, it is ready to identify documentation of compliance to be submitted for each. Most of this documentation should already exist and simply needs to be located. In some instances, however, such as when an institution realizes that it has not implemented formal procedures for evaluating the effectiveness of its community/public service as required by 3.3.1.5, the institution may need to take formal action in order to develop evidence of compliance with one or more of the variables in a standard. Baseline documentation of compliance is outlined in the Application for Membership and summarized in Appendix I-4 (Summary Table of Required Narration and Documentation Specified in the Application). Notations for cross-references are included to encourage applying institutions to pull all relevant documentation together in its development of Part B. While presentation of this baseline documentation is essential for completing the Application for Membership, this baseline documentation alone may not be sufficient to support an institution's case for compliance with all of the key issues embedded in the requirements and standards; therefore, applying institutions are encouraged to identify and present other evidence of compliance.

**Finding Documentation.** The institution might begin its identification of the documentation to be included in its Application for Membership by inventorying available records, documents, databases, policy manuals, curriculum files, assessment records, committee minutes, governing board minutes, planning documents, reports to external audiences, case studies, and other sources of information relevant to assessing compliance with the key issues embedded in the relevant requirements and standards.

Some of the more obvious sources of evidence are documents such as the following, which typically provide evidence of compliance with multiple Core Requirements, Comprehensive Standards, and Federal Requirements:

- Standard publications, such as the catalog, student handbook, faculty handbook, departmental policy manuals, organizational chart, bylaws of the governing board, and class schedules
- Standard administrative lists and inventories of buildings, equipment, library holdings, faculty resources, etc.

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- Institutional effectiveness policies, calendars, handbooks, and reports
  - Personnel files containing credentials and evaluations
  - Contracts and consortial agreements for providing instruction or sharing resources
  - Financial audits, management letters, and financial aid audits for the current and recent fiscal years, and any other relevant financial statements

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

**Evaluating Evidence.** An institution determines its compliance with the standards by making an honest evaluation of the evidence it possesses at the time it has chosen to make that determination. Because Part B requires compelling and appropriately documented evidence of compliance, the institution needs to evaluate each piece of evidence it has assembled to support a claim of compliance with a requirement or standard. This evaluation should be based on a careful interpretation of the Core Requirements, Comprehensive Standards, and Federal Requirements (as summarized in Appendix I-2 (Part B: Compliance Components To Address)) and on the cogency of the evidence to be presented supporting compliance with them. Evidence should not be viewed simply as a mass of facts, data, or exhibits. Instead, it should be viewed as a coherent and focused body of information supporting a judgment of compliance.

Institutions should ensure that the evidence it presents is:

- **Reliable.** The evidence can be consistently interpreted.
- **Current.** The information supports an assessment of the current status of the institution.
- **Verifiable.** The meaning assigned to the evidence can be corroborated, and the information can be replicated.
- **Coherent.** The evidence is orderly, logical, and consistent with other patterns of evidence presented.
- **Objective.** The evidence is based on observable data and information.
- **Relevant.** The evidence directly addresses the requirement or standard under consideration and should provide the basis for the institution's actions designed to achieve compliance.

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

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

**Presenting Documentation.** For some requirements and standards, a single document or two or an excerpt from a single document or two will constitute sufficient evidence of compliance. For example, compliance with the Core Requirement 2.3, which specifies that the institution have a president who is not simultaneously the chair of the governing board, might be supported by a written policy covering this issue or by documentation that two different individuals serve in those capacities.

For standards that are more complex, such as CR 2.5 (Institutional Effectiveness) and the related Comprehensive Standards (3.3.1 Institutional Effectiveness and 3.5.1 College-level competencies), several sources of relevant evidence may need to be identified in order to justify a claim of compliance. When documenting compliance with multiple compliance components related to two or more standards, an institution should look for a pattern of evidence -- a set of multiple measures/indicators that exhibit coherence and a unifying theme -- to support its argument for compliance. Although patterns of evidence will differ according to the standard and the nature of the institution, a pattern of evidence that could demonstrate compliance with Core Requirement 2.5 might focus on strategic planning as the driving force behind the setting of priorities that not only provide the direction for systematic mission-driven, institution-wide evaluation and use of the results for continuous improvement but also guide resource allocation. Skillful meshing of separate measures/indicators -- such as trend data, student satisfaction indices, institutionally developed or commercially available surveys like NSSE or CCSSE, licensure/certification rates, and focus group findings -- into a pattern of evidence can be a powerful tool for documenting compliance.

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

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## Writing the Narrative

In the Part B of the Application, the pre-Applicant institution must do more than assemble evidence of compliance. The institution must also develop a narrative that weaves that documentation into a cogent argument for compliance. **The responsibility that an institution bears for articulating its case for compliance cannot be overemphasized.** The responsibility of the staff member reviewing the application, the readers on the Committee on Compliance and Reports, the members of the Candidacy Committee, or the members of the Accreditation Committee is to determine whether the institution's argument for compliance is valid, complete, and documented. Peer reviewers are not responsible for constructing a case for compliance out of a collection of attached documents that the institution has not woven into its narrative.

**Building the Case for Compliance.** Narratives should provide a clear, succinct, and convincing justification for compliance. A good narrative describes the institution's case for compliance, and the attached documentation supports that case for compliance as it addresses the compliance components identified in Appendix I-2 as key issues for each standard. By summarizing attached documentation, linking it to the variables in the standard, and interpreting complex documentation, an institution builds its case for compliance. Building a case for compliance means making copious use of past tense verbs to describe actions previously taken by the institution and present tense verbs to describe current policies and procedures that support the maintenance of compliance. Because future tense verbs designate an action not yet taken, future tense is generally indicative of non-compliance and signals the need to grow into compliance prior to submitting the Application for Membership for initial review.

**Finding the Right Length.** Throughout Part B, the length of individual narratives varies widely from standard to standard. Those standards that are crisp and focused, such as CR 2.6 (Continuous Operation), may require just a sentence or two; those that are broad and complex, such as CR 2.5 (Institutional Effectiveness), may require several pages. The challenge is to find the right length for each standard. The institution should note that plans to comply with a requirement or standard are not sufficient. The institution must document that it is currently in compliance. For example, plans for faculty members to complete degrees that would qualify them to teach are not acceptable. To minimize the possibility of writing too little, institutions should keep an eye on the list of compliance components developed for each standard and ensure that the narratives address them. To minimize the possibility of losing the reviewer in a lengthy narrative addressing a complex issue, the institution might employ the following techniques: (1) using various levels of sub-heads to separate key ideas and show relationships among component parts, (2) creating flow charts to illustrate complex processes, (3) using summary tables to provide an overview of masses of data, and (4) interpreting extensive or complex documents.

Since the SACS Commission on Colleges accredits the entire institution, Part B must address not only all services and programs offered on the main campus but also those programs offered off-campus, by correspondence, or through electronic distance learning, as well as programs offered through collaborative academic arrangements. The Commission

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has two documents to assist institutions in addressing these programs under relevant requirements and standards -- “Distance and Correspondence Education,” which provides guidelines for the application of the *Principles of Accreditation*, and “Collaborative Academic Arrangements: Policy and Procedures,” which describes responsibilities for dual educational programs and joint educational programs. Both documents can be found at [www.sacscoc.org](http://www.sacscoc.org).

## Submitting the Application for Membership

For most institutions, Applications for Membership undergo several revisions as the Leadership Team develops a fuller understanding of the Commission’s expectations for documentation of compliance and as it refines its skill at writing clear, convincing narratives. Three appendices previously discussed can assist the Leadership Team in improving the first draft of Part B its Application. Appendix I-1 (Weaknesses Identified During Initial Review of Applications for Membership), with its copious examples of weak arguments for compliance, missing documentation, and faulty organization can assist institutions in strengthening their submissions. Appendix I-3 (Standards that Cross-Reference Commission Policies) is a reminder of the three standards that cross-reference Commission policies, which may include requirements applicable to the institution’s documentation of compliance. Appendix I-4 (Summary Table of Required Narration and Documentation Specified for Part B in the Application for Membership) provides a ready checklist of essential elements.

As a further check on the institution’s success in mastering the art of understanding, documenting, and writing its case for compliance with the requirements and standards in the Application for Membership, taking the time to read Part B from the SACSCOC reviewer’s perspective is time worth investing at this point in the initial accreditation process. While the Commission’s reviewers possess sound professional experience and expertise and are well-informed about SACSCOC expectations for documentation of compliance, they are not well-acquainted with the institutions they review. Since an institution’s case for compliance is the sole source of information available to them on each issue, taking a moment to address the following questions for each requirement and standard can help to ensure the clarity required for these reviewers:

### Clarity of the argument

- Will the evidence and analysis supporting the institution’s assertion of compliance make sense to an “outsider”?
- Does the evidence and analysis presented lead the reader directly to a conclusion that the institution is in compliance?

### Strength of the evidence

- Does all of the evidence provided support the compliance components in the particular requirement or standard under discussion?
- Will an informed reader find the body of evidence compelling?

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## Friendliness of the format

- Can the reader easily and quickly access the relevant documentation?
- Does the quantity of documentation complicate the reader's review?

After Part A and Part B have been proofed for accuracy and completeness, the Application for Membership is ready for submission to the President of the Commission on Colleges. Either two paper copies or one paper copy with one electronic copy may be sent, along with the application fee, which is listed in Commission policies "Accreditation Procedures for Applicant Institutions" and "Dues and Fees" at [www.sacscoc.org](http://www.sacscoc.org). The mailing should also include the catalog, student handbook, faculty manual, administrative or operations manual, and any other documents necessary to document compliance.

Upon receipt of the Application for Membership, the institution will be added to the list of Applicant institutions published at [www.sacscoc.org](http://www.sacscoc.org), along with its address (city and state) and basic institutional characteristics, such as the types of degrees awarded. This identification as an Applicant institution does not convey to the institution any formal status with the SACSCOC; rather, it simply conveys to the public that the institution has initiated the process for seeking initial accreditation. Applicant institutions must guard against making any statements about possible future accreditation status with SACSCOC and must not use the logo or seal of either SACSCOC or the Southern Association of Colleges Schools in any publication or document. For restrictions on representation of status by Candidate and Member institutions, see CS 3.14 (Publication of Accreditation Status).

Institutions are cautioned to avoid submitting the Application for Membership before it provides evidence of compliance with all of the requisite requirements and standards. Readers of the Application will expect to see documented evidence of compliance, but plans for achieving compliance in the future are not evidence of compliance. Because Applications for Membership have a limited shelf life, institutions should not plan on growing into compliance during the time required for staff review of the *initial* Application or during the months allotted for submission of a *revised* Application. Doing so carries with it the risk of not reaching compliance during the viable life of the original submission and may result in subsequently having to withdraw the Application and then submitting another Application for Membership (and another application fee) at a later date.

## Staff Analysis of the Initial Application

Because Applications for Membership are reviewed in the order in which they are received, the time between submission of the *initial* Application and feedback varies from several weeks to several months. Thorough notes on the weaknesses of the *initial* Application are shared with the institution's leadership by mail and form the basis for a face-to-face discussion with members of the SACSCOC staff. (Notations from recent staff analyses are available in Appendix I-1 – Weaknesses Identified During Initial Review of Applications for Membership.) The purpose of this meeting is to assist Applicant institutions in understanding how to revise and strengthen the *initial* Application prior to sending it

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forward to the Committee on Compliance and Reports to seek authorization of a Candidacy Committee visit. At this point, however, some institutions realize that they will be unable to demonstrate compliance within the timeframe allotted for revision, and they withdraw their *initial* Application. Institutions that do so may re-apply by submitting another Application for Membership and application fee in the future.

As noted in Part I of this handbook, the process for campuses of SACSCOC member institutions seeking initial accreditation does not include Candidacy; therefore, this meeting assists member campuses in revising and strengthening the *initial* Application prior to sending it to the Committee on Compliance and Reports to seek authorization to prepare a Compliance Certification and host an Accreditation Committee visit.

## Submission of the Revised Application

Development of the *revised* Application is a two-step process. First, institutions are encouraged to submit just the revisions of those sections identified as requiring strengthening during the face-to-face discussion with SACSCOC staff. Staff feedback on these sections may lead the institution to even further revision/enhancement prior to the completion of the second step – integration of the revised sections and the *initial* Application into a single document, the *revised* Application. Institutions whose *initial* Applications were quite strong may complete the *revised* Application within a few weeks of the meeting with staff. Institutions whose *initial* Applications revealed weaknesses in key areas that require considerable time to address (areas such as faculty qualifications or institutional effectiveness) may require many months to develop the required evidence of compliance. If a fiscal year ends during the revision process, for example, the applicant institution must delay submission of its *revised* Application until it has its most recent audit.

## Authorization of a Candidacy Committee Visit

In order to be authorized to receive a Candidacy Committee visit, an institution must have demonstrated compliance with all of the following: CR 2.1-2.11; CS 3.3.1, 3.5.1, and 3.7.1; and Federal Requirements 4.1-4.7. Most Candidacy Committee visits are authorized by the SACSCOC Board of Trustees, which meets twice a year, in June and in December. At that time, one of the Committees on Compliance and Reports reviews the institution's *revised* Application and makes a recommendation to the Executive Council. The Executive Council reviews the recommendations of all of the Committees on Compliance and Reports and forwards its recommendations for action to the SACSCOC Board of Trustees. The Board takes final action, which is conveyed to the institution in a letter from the President of the Commission. Appendix I-6 presents a sample of a letter authorizing a Candidacy Committee visit to a new Applicant institution; Appendix I-7 presents a sample letter authorizing a SACSCOC member campus seeking separate accreditation to complete a Compliance Certification and host an Accreditation Committee visit. SACSCOC decisions to authorize or deny Candidacy Committee visits are posted on the Commission's website and announced at the Annual Meeting. For a small percentage of institutions, those that submitted *revised* Applications that present particularly strong arguments for and evidence of compliance, a

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Candidacy Committee visit may be authorized by the President of the Commission. That action is also communicated to the CEO of the Applicant institution in a letter. If authorization of a Candidacy Committee visit is denied, the application process ends. The institution may submit another Application for Membership at its discretion.

## Prohibition Against Substantive Change

To ensure that the institution described in the Application for Membership is indeed the same institution that is subsequently awarded initial accreditation, the Commission policy “Accreditation Procedures for Applicant Institutions” prohibits an institution from undertaking substantive change between the time that the Application for Membership is submitted and the time that the institution is granted initial accreditation. Serious penalties apply to institutions that ignore this prohibition after submitting the Application for Membership. Institutions that undertake substantive change prior to the authorization of a Candidacy Committee visit will be required to submit a new Application; institutions that undertake substantive change after a Candidacy Committee visit has been authorized may have that authorization revoked; Candidate institutions that engage in substantive change may have their Candidacy status revoked. To avoid the application of these severe penalties, Applicant institutions need to get acquainted with Commission policy “Substantive Change for Accredited Institutions of the Commission on Colleges,” which is available at [www.sacscoc.org](http://www.sacscoc.org).

The Commission defines “substantive change” as a significant modification or expansion of the nature and scope of an institution. Under federal regulations, substantive change includes:

- Any change in the established **mission or objectives** of the institution
- Any change in **legal status, form of control, or ownership** of the institution
- The addition of courses or programs that represent a **significant departure**, either in content or method of delivery, from those that were previously offered
- The addition of courses or programs at a **degree or credential level above** that which was previously offered
- A change **from clock hours to credit hours**
- A **substantial increase in the number of clock or credit hours** awarded for successful completion of a program
- The establishment of an **additional location** geographically apart from the main campus at which the institution offers **at least 50 percent** of an educational program.
- The establishment of a **branch campus**

A complete list of the changes that are considered substantive by SACSCOC and therefore require notification and/or approval by the Commission is available in the substantive change

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policy referenced above. Whenever such a change is anticipated, the Applicant/Candidate should immediately communicate with the SACSCOC staff representative to determine whether the change would be considered substantive and what ramifications, if any, the change might have for the institution's timeline for achieving initial accreditation.

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## **Phase 3: On-Site Review by a Candidacy Committee**

*An institution is granted Candidacy status upon recommendation of the Committee on Compliance and Reports and subsequent action by the [SACSCOC Board of Trustees] indicating that the institution has demonstrated compliance with the requirements of the application and that this compliance has been verified by a Candidacy Committee which has visited the institution.*

*Accreditation Procedures for Applicant Institutions (January 2009)*

## **Phase 3: On-Site Review by a Candidacy Committee**

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## Part III

# THE CANDIDACY COMMITTEE'S VISIT

Following authorization of the Candidacy Committee's visit, the SACSCOC staff member identified in the action letter schedules a conference call with the institution's leadership team to (1) discuss how to update the Application for Membership, (2) set the date for the Candidacy Committee's visit (normally within twelve months after authorization), (3) describe the size, selection process, and expectations of the Candidacy Committee, and (4) review the next steps in the initial accreditation process. After this conference call, the staff member is available via telephone and email to respond to additional questions from the institution's CEO or its Accreditation Contact. The Chair of the Candidacy Committee, however, serves as the primary contact for scheduling the details of the upcoming visit.

The Candidacy Committee's review typically consists of a three-day visit to campus. Under some circumstances, such as when additional time is required to visit off-campus teaching sites, the length of the visit is expanded to provide sufficient time for the Committee to complete all of its work. Institutions should invite a representative of their governing board to be on campus at the time of the visit; they may also invite representatives of their coordinating board or other state agencies. Further information on responsibilities to governing and coordinating boards and to other state agencies is available in Commission policy "Governing, Coordinating, and Other State Agencies: Representation on Evaluation Committees" at [www.sacscoc.org](http://www.sacscoc.org).

## Role of the Candidacy Committee

The Candidacy Committee is responsible for verifying compliance with the requisite requirements and standards – CR 2.1-2.11; CS 3.3.1, 3.5.1, and 3.7.1; and FR 4.1-4.7 -- through interviews with campus personnel, observation, and review of documents on site. As part of its review, the Committee will visit the institution's off-campus sites and, where applicable, will address issues stemming from Third-Party comments. The Candidacy Committee will present its findings to the institution during an Exit Conference and record its findings in The Report of the Candidacy Committee.

**Reviewing Compliance.** The work of the Candidacy Committee begins with the Committee's review of the *updated* Application for Membership during the month prior to the visit. During the Committee's conference call approximately two to three weeks prior to the visit, the evaluators identify additional documentation they wish to examine and begin to construct a list of individuals to interview. The Chair of the Committee forwards that list of additional documentation to the institution so that the documents can either be sent to the Committee members immediately or be assembled for review at the hotel or on campus. The

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Chair also forwards to the institution the requests for interviews so that a preliminary schedule for the visit can be drafted.

**Visiting Off-Campus Sites.** For most institutions with few off-campus sites, review of these locations is scheduled for the morning of Day Two of the visit. For institutions with too many off-campus sites to be visited in a single morning, review of some locations will also be scheduled for the morning of Day One. For institutions with many off-campus locations or off-campus sites abroad, a review of some of these locations may be scheduled earlier than the week of the Candidacy Committee’s visit to the main campus. In all instances, the off-campus site will be visited by more than one member of the Committee to confirm compliance with the requisite requirements and standards at each of the sites.

**Reviewing Third-Party Comments.** Prior to scheduled Candidacy Committee visits, the Commission posts on its website a call for third-party comments. For fall visits, third-party comments are due on the August 10 prior to the visit; for spring visits, third-party comments are due on the January 10 prior to the on-site visit. If the Commission receives substantive comments by the date specified, they are forwarded to the institution within ten working days of their receipt. The institution is then invited to prepare a written response to the comments for review during the institution’s on-site visit. For additional information, see the Commission’s policy “Third-Party Comment by the Public” at [www.sacscoc.org](http://www.sacscoc.org).

**Conducting the Exit Conference.** The last responsibility of the Candidacy Committee is to conduct an Exit Conference with the CEO and a few key institutional personnel. At that time, the Committee discusses its findings of compliance and non-compliance, along with a sampling of its other observations and comments. The SACSCOC staff member outlines the timetable for transmittal of the committee’s report to the institution and describes the process for submitting appropriate documents to the SACSCOC Board of Trustees for the Board’s action regarding the granting of Candidacy status.

## Composition of the Candidacy Committee

A Candidacy Committee typically includes six members: the Chair and evaluators in the areas of (1) faculty qualifications and educational programs, (2) library, (3) student support services, (4) institutional effectiveness, and (5) finances. The Commission staff member, who creates a new Candidacy Committee for each institution up for review, may expand the size of the Committee if the institution has numerous off-campus sites that must be visited or if the institution is large or complex. None of the Committee members may be from institutions in the same state as the institution being visited. All Candidacy Committee members are expected to maintain complete confidentiality regarding documents and discussions pertaining to all phases of the review. Their service to both the Commission on Colleges and to the institution under review ends when the Report of the Candidacy Committee is completed, and they are prohibited from advising or consulting with the institution on any issues cited in the report.

When evaluators accept positions on Candidacy Committees, they are asked to attest to having no conflict of interest with the institution. (Commission policy “Ethical

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Obligations of Members of SACSCOC Board of Trustees and of Evaluators” at [www.sacscoc.org](http://www.sacscoc.org). provides examples of conflict of interest.) That same policy establishes an expectation that individuals with a vested interest in the institution scheduled for review will refrain from attempting to influence an evaluator’s judgment or otherwise influence the upcoming visit. Applicant institutions need to refrain from contacting members of the Candidacy Committee for reasons other than providing necessary information about logistical arrangements for the visit, distributing the required institutional materials for the review, or responding to inquiries for additional materials or clarification about materials provided.

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

## Materials for the Candidacy Committee

Four to six weeks prior to the on-site visit, institutions should send to each member of the Candidacy Committee and to the Commission staff member *print or electronic* copies of the following materials:

- *Updated Application for Membership*
- *Catalog(s)*,
- *Institutional Summary Form Prepared for Commission Reviews*
- *Organization chart*
- *Most recent audit and management letter*
- *Written response to third-party comment, if applicable.*

Distribution matrices for electronic and paper submissions are contained in Appendices II-1 (Distribution Matrix for Materials – *Electronic Submission*) and II-2 (Distribution Matrix for Materials – *Paper Submission*). In order to acquaint the Candidacy Committee members with additional characteristics of their institution and their region, some institutions expand this mailing to include institutional publications and newsletters and regional promotional materials.

Commission staff members work with their institutions to complete the “Information Outline for a Visit,” which includes such details as dates of the visit, contact numbers,

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information regarding transportation and housing accommodations during the visit, and the times and locations of the first and last committee meetings during the visit. A copy of the template for this document, which is sent to the Candidacy Committee by the staff member, can be found at [www.sacscoc.org](http://www.sacscoc.org) under Institutional Resources.

## Hosting the Candidacy Committee

Because the Chair of the Candidacy Committee is responsible for organizing and managing the work of the Committee, the institution needs to begin establishing a working relationship with the Chair several months prior to the visit. The institution's CEO and/or Accreditation Contact should not hesitate to initiate communication with the Chair after they have been notified of the Chair's acceptance of the appointment. The chair may choose to conduct a preliminary visit to the institution to get acquainted with the campus, culture, and preparation for the visit, but many Chairs rely on conference calls and e-mails to establish a relationship with the campus Leadership Team and to make arrangements for the site visit. Often, the Chair arrives on site the day before the start of the visit to confirm that appropriate preparations have been made.

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

**Transportation.** Institutions are expected to provide safe, reliable transportation to and from the airport, to and from off-campus locations, between the main campus and the hotel, and between the hotel and restaurants. Meeting expectations for safe drivers may mean foregoing the inclination to have a student organization provide this service and opting instead for more experienced drivers. Meeting expectations for reliable transportation may entail securing cell phone numbers for Candidacy Committee members so that they can be contacted if their pick-up at the airport is unavoidably delayed.

Institutions should not overlook the significance of the airport pick-up – their first in-person opportunity to make a good impression. Smiling individuals, prominently placed and holding signs that display the names of the arriving Candidacy Committee members, are a welcome sight to evaluators who have just stepped off of a flight (frequently their second of the day) into an unfamiliar airport. Having the drivers arrive at the airport early enough to ensure that they are in place even if flights arrive a few minutes earlier than anticipated and ensuring that the drivers are well-acquainted with the route between the airport and the hotel so that arrival at the destination is not needlessly delayed can help to ensure that good first impression.

Wise institutions put the comfort of the passengers at the top of their list of considerations when selecting the vehicles that will be used to transport the Candidacy

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Committee. Large vans that require individuals to squeeze through a narrow side passage into a bench seat at the rear may look like viable single-vehicle transportation plans to institutions, but these large vans are considerably less attractive to the Candidacy Committee members who must contort their bodies in order to reach the seats in the rear of the vehicle, and they become a real safety liability when institutions forget to provide a step-stool to assist in climbing in and climbing out.

**Hotel accommodations.** The Commission expects that hotel rooms will contain desks and lighting appropriate for working in private. Efforts by the institution to secure rooms in the quieter sections of the hotel are generally appreciated. Many institutions make a positive impression on Candidacy Committee members by checking them into the hotel prior to their arrival and handing them their room keys as they enter the lobby. A small selection of drinks and light snacks, along with an inexpensive souvenir of the institution, is traditionally placed in members' rooms before arrival or during the first afternoon on campus. Some institutions house institutional staff (Accreditation Contact, computer support technician, or local arrangements coordinator) at the hotel to address the Candidacy Committee's needs during the evening and early morning hours.

The hotel conference room must be of sufficient size to enable the committee to conduct extended meetings and to provide ample additional tabletop space for documents, computers, snacks, and other materials and equipment. Generally, the display of the documents provided in the conference room at the hotel is a duplicate of the display provided in the workroom on campus. Institutions should poll Candidacy Committee members to determine how many laptop computers must be provided for use at the hotel. Institutions also generally poll Committee members several weeks prior to the visit to determine their preferences for snacks. The conference room should also contain a paper shredder, a photocopier machine, and at least two printers, along with a variety of general office supplies, such as staplers, pens, thumb drives, ink cartridges, and a generous supply of paper for the printers and photocopier machines. Committee members also expect an Internet connection, at the very least in the conference room and preferably also in their hotel room. A restaurant on premises or within walking distance is desirable.

**Campus accommodations.** The Commission expects the institution to provide dedicated space on campus for the Candidacy Committee's work. Like the conference room at the hotel, this room needs to be large enough to conduct extended meetings and should be spacious enough for documents, computers, snacks, a photocopier machine, a paper shredder, and a variety of general office supplies. Resource materials on display should include a complete copy of the institution's *revised* Application for Membership and supporting documentation, additional materials requested by Committee members prior to the visit, and other materials that the institution believes are appropriate. Some institutions meet these needs by placing such materials in rooms adjoining the workroom. Whatever the configuration, this dedicated space needs to be secure and available only to members of the Committee during the visit. Many institutions staff an assistance station not far from the entrance to the workroom to ensure that someone is always readily available to secure materials or make appointments for Candidacy Committee members.

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**Dining.** Generally, institutions should plan on providing meal service beginning with lunch on Day One and ending with breakfast on Day Three. These parameters need to be expanded, of course, when visits to off-campus locations require that extra days or early starts for Day One be added to the visit. To ensure that meals provided by the institution meet dietary needs, institutions should survey the Candidacy Committee members to determine if any dietary restrictions need to be met.

**Day One:**

**Lunch:** Since Candidacy Committees typically convene at the hotel for their Organizational Meeting on the morning of Day One, they have lunch at the hotel, generally in the conference room during the meeting. If the hotel does not offer food service and lunch must be brought in, some institutions solicit orders from Committee members during the week prior to the visit.

**Dinner:** Dinner on Day One is taken at a local restaurant selected by the Chair. Since some Candidacy Committee members may have begun their day with an early departure from home, a nearby restaurant with good food and efficient service is desirable. Many institutions reserve a private dining room for this meal and have the drivers eat elsewhere in the restaurant so that transportation back to the hotel is available as soon as the meal is finished.

**Day Two:**

**Breakfast:** Breakfast on Day Two is taken at the hotel.

**Lunch:** Because lunch on Day Two is combined with an Executive Session, it is eaten on campus, either in the workroom or in a private dining room.

**Dinner:** The location for dinner on Day Two depends, to a large extent, on the Candidacy Committee's progress thus far in developing its report and its preference for completing the task. Transportation to a nearby restaurant may be the choice of some or all of the Committee members, or they may choose to work at their own pace and dine individually or in small groups in the hotel or at a restaurant within walking distance whenever they finish or desire a break. Oftentimes, the dining plan for this evening does not emerge until late in the day, so the institution needs to remain flexible in scheduling transportation and making reservations for this meal.

**Day Three:**

**Breakfast :** Breakfast on Day Three is taken at the hotel, sometimes during an Executive Session in the conference room.

**Billing Procedures.** Committee members generally cover their transportation costs and are reimbursed by the SACS Commission on Colleges for mileage, parking, and airfare after the visit is completed. Due to the cost of international airfares, however, institutions are encouraged to purchase these tickets for the Candidacy Committee when visits to international locations are required. Institutions are also encouraged to arrange for hotel accommodations and hotel food service to be billed directly to the institution. Most

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institutions also arrange payment for evening meals at restaurants. After the Commission's business office has reimbursed Candidacy Committee members for their transportation costs and other eligible expenses, the business office will send the institution a single invoice for these costs associated with the visit.

## Daily Schedule for the Visit

The length of time that a Candidacy Committee typically spends on site extends from late morning of Day One through mid-morning of Day Three. Each of these three days has a distinctive character. On Day One, the Candidacy Committee focuses on getting acquainted with the main campus as it reviews compliance with the requirements and standards addressed in the Revised Application for Membership. At this time, the Committee also addresses third-party comments, if applicable. On Day Two, the Committee starts the day with visits to off-campus teaching sites and returns to the main campus in the afternoon to complete its work there. Lastly, on Day Three, the Committee presents its findings to the institution's leadership in the Exit Conference. As noted previously, this schedule will be expanded if additional time is required to review off-campus locations.

**Day One.** Scheduling appropriate interviews and assembling additional documentation when requested to do so are the two primary responsibilities of institutions in supporting the work of the Candidacy Committee during Day One. Because Candidacy Committees typically create an initial list of persons to interview approximately two weeks prior to the visit, most of the scheduling of meetings for the afternoon of Day One can be completed prior to the Committee's arrival on campus. Institutions should anticipate, however, that changes will be made to this schedule after the Candidacy Committee completes its Organizational Meeting at the hotel. A flexible approach to making last-minute adjustments to the afternoon's schedule is an important attribute for institutions to cultivate as they build a working relationship with the Candidacy Committee. The afternoon of Day One is also the time when Candidacy Committees frequently identify the need to review materials that have not previously been made available to them. For this reason, institutions want to ensure that sufficient staff members are available to secure these materials quickly.

**Day Two.** Scheduling appropriate interviews and arranging local transportation for visits to off-campus teaching locations are the primary responsibilities of institutions in supporting the work of the Candidacy Committee during Day Two. Schedules for these off-campus reviews vary widely because they are dependent upon the travel time required. When locations are few in number and nearby, the entire Candidacy Committee may visit each site. For multiple sites or limited sites that are far apart, the Chair will divide the Committee so that the visits can be completed in the time allotted. At least two Candidacy Committee members will be sent to each location. Committee members seldom spend more than an hour at a site. Many institutions have a key administrator from the site drive or accompany the Candidacy Committee members so that the conversation about staffing, programs, and facilities can begin during the journey.

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**Day Three.** Getting its leadership assembled for the Exit Conference, which is generally scheduled at the hotel, is the primary responsibility of institutions in supporting the work of the Committee during Day Three.

As should be evident from the above description of the Candidacy Committee's activities on Days One through Three, on-site reviews are rigorous and do not allow time for in-depth campus tours. While some evaluators need to tour the entire campus, most have responsibilities that can be met through getting acquainted with only a portion of the physical facilities, such as the academic areas, the library, or the student services area. Since a great deal of work must be completed in a short amount of time, Candidacy Committees appreciate the time and effort required to provide the timely transportation, quick turnaround on requests for documents, ready accommodation of schedule changes, and reliable equipment and appropriate supplies necessary to enable completion of the Report of the Candidacy Committee.

## The Report of the Candidacy Committee

The Report of the Candidacy Committee is a fairly compact document that consists of three primary sections.

- **Section I (Overview and Introduction to the Institution)** briefly describes the institution by focusing on such issues as its history, control, enrollment, and primary student characteristics. In so doing, it lays a foundation for the evaluative comments that follow.
- **Section II (Assessment of Compliance)** opens with the Committee's evaluation of the institution's compliance with the Principle of Integrity (1.1), which is not addressed by the institution in its *revised* Application for Membership. Section II then displays each of the Core Requirements, Comprehensive Standards, and Federal Requirements addressed in the *revised* Application. Under each is a brief narrative in which the Candidacy Committee identifies the primary evidence of compliance that it reviewed and, where necessary, describes missing documentation and/or weaknesses in the institution's argument for compliance. For each of the requirements and standards, the Committee's narrative closes with a direct statement of the Committee's finding of compliance or non-compliance.
- **Section III (Observations and Comments)** provides both validations of institutional strengths and consultative advice on quality enhancement and/or on preparing the Compliance Certification for the Accreditation Committee.

All findings and comments in the report reflect the collective professional judgment of the entire Committee. Two appendices record the roster of the members of the Candidacy Committee and details about the off-campus sites visited and/or distance learning programs reviewed. The template for the Report of the Candidacy Committee is available at [www.sacscoc.org](http://www.sacscoc.org). See Appendix II-3 (The Report of the Candidacy Committee: Sample Narratives) for excerpts from Section II and Section III of recent reports.

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By the morning of Day Three, the Committee’s report is complete, but a hard copy of this draft is not given to institutions during the Exit Conference. In general, the Chair edits the draft report and e-mails it to the Committee and to the Commission staff member for their final review the week after the visit. Before finalizing the report, the Chair also e-mails a copy to the institution for review of its factual accuracy. At this time, the institution should review the factual references in the report (such as dates, names of campuses and committees, position titles, enrollment numbers, and financial figures) and confirm their accuracy or provide corrections. Institutions must limit their review to representations of fact and avoid suggesting changes to the Committee’s interpretation and analysis of those facts. After the Chair has incorporated final edits and factual corrections, the final copy of the Report of the Candidacy Committee is sent to the institution’s Commission staff member, who then forwards a hard copy to the institution.

An institution has the right to release its Candidacy Committee’s report. If the institution quotes from the report or publicly characterizes the finding of the visiting committee, it must state that a copy of the entire report can be obtained from the institution. The Commission on Colleges will not normally release the Report of the Candidacy Committee to the public; if the institution, however, provides misleading information about the contents of the report, the President of the Commission may make that report available to the public. Under certain circumstances, visiting committee reports may be accessed by the U.S. Department of Education, the Council for Higher Education Accreditation, or other accrediting agencies. Commission policy “Disclosure of Accrediting Documents and Actions of the Commission,” available at [www.sacscoc.org](http://www.sacscoc.org), details responsibilities associated with the release of a visiting committee’s report to agencies, institutions, or individuals.

## The Exit Conference

The Exit Conference is designed as a dialogue between two small groups of individuals – the Candidacy Committee and the institution’s leadership. Often, the institution is represented by only the CEO and the Accreditation Contact. Occasionally, the CEO invites other institutional leaders to attend. To simplify the transportation of Committee members and their luggage to the airport, the Exit Conference is generally held in the hotel conference room. As the name, Exit Conference, implies, the Committee conveys its findings orally; it does not provide a paper or electronic copy of its draft report at this time.

Prior to the Exit Conference, the Committee Chair and the Commission staff member meet with the CEO to preview the Committee’s findings. At the Exit Conference, the Chair reports on any findings of non-compliance in Part II of the report and the Committee members share a sampling of their other observations from Part III. To ensure that the institution understands issues of non-compliance presented by the Committee, the institutional leadership has the opportunity to ask questions of clarification. The Commission staff member then reviews the timeline for finalizing the Committee’s draft report and the remaining steps in preparing the institution for review by the SACSCOC Board of Trustees.

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The departure of the Candidacy Committee at the conclusion of the Exit Conference certainly signals significant progress in the journey to initial accreditation, but institutions still have a few more miles to travel before reaching their destination. Only the Board of Trustees of the Commission on Colleges has the power to award Candidacy status, and the Board's review of the Report of the Candidacy Committee is the next step in the initial accreditation process.

## **The Response to the Visiting Committee Report**

Most institutions have no additional materials to develop for review by the SACSCOC Board of Trustees because generally the Report of the Candidacy Committee confirms a status of compliance on campus for all of the standards that previously appeared compliant during the paper review that authorized the Candidacy Committee visit. If the Report of the Candidacy Committee contains all findings of compliance, the institution's only obligation after the Candidacy Committee leaves campus is to review the draft report for factual accuracy. Institutions are not expected to report to the Commission on issues raised in Part III of the report; the consultative advice included there is non-binding.

Because conflicts in dates for scheduling the visit or the time required to secure a new audit may delay the Candidacy Committee visit for many months after that visit has been authorized, some institutions slide out of compliance during this delay and receive citations of non-compliance from the Candidacy Committee. These institutions are advised to develop a response to the Committee's finding of non-compliance, which may be submitted to the Commission on paper or in electronic form. The letter that transmits the Committee's final report to the institution specifies both the date that it is due and the number of copies required.

When the Report of the Candidacy Committee is transmitted to the institution, that mailing includes directions for completing the institution's response, if one is required. The transmittal letter specifies both the date that the report is due and the number of copies required. Requirements for formatting a Response to a Visiting Committee Report are summarized in the Commission policy "Reports Submitted for Committee or Commission Review," available at [www.sacscoc.org](http://www.sacscoc.org). To ensure that the formatting of the response meets the expectations of the members of the Compliance and Reports Committees, institutions should take pains to follow precisely the policy's directions under "Report Presentation."

## **Review by the SACSCOC Board of Trustees**

The organization of the SACSCOC Board of Trustees into an Executive Council and Committees on Compliance and Reports is addressed under "The SACS Commission on Colleges" in Part I of this handbook. Part I also identifies their role in reviewing the Report of the Candidacy Committee. That review includes consideration at three levels – by one of the Compliance and Reports Committees, by the Executive Council, and by the Board of Trustees. For additional information, see Commission policy "Standing Rules: the Commission on Colleges, Executive Council, and the College Delegate Assembly" at

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www.sacscoc.org. At all three levels of review, Board members recuse themselves from decisions on institutions within their own states and from decisions on institutions with which they have a conflict of interest. (See Commission policy “Ethical Obligations of Members of SACSCOC Board of Trustees and of Evaluators” at www.sacscoc.org.)

The Compliance and Reports Committee charged with reviewing all materials related to the awarding of Initial Accreditation, from the Application for Membership to the Report of the Accreditation Committee, will review the Report of the Candidacy Committee along with the institution’s response to a finding of non-compliance, if one was required, and the Candidacy Committee Chair’s evaluation of that response. If the Report of the Candidacy Committee contains no findings of non-compliance, the institution is not invited to meet with a C&R Committee for a Meeting on the Record. Depending upon the extent of non-compliance cited by the Candidacy Committee and the strength of the institution’s additional documentation of compliance in its Response to the Visiting Committee Report, however, an institution may be invited to send up to five individuals to meet with the C&R Committee. Further information about Meetings on the Record can be found in Commission policy “Administrative Procedures for the Meetings of the Committees on Compliance and Reports,” available at www.sacscoc.org. Following its review, the C&R Committee makes one of the following recommendations:

1. **To grant Candidacy status and authorize the institution to complete a Compliance Certification and receive an Accreditation Committee visit** – Candidacy is effective on the date of the SACSCOC Board’s action to grant Candidacy, and an institution may remain in Candidacy for four years, but it must be back on the C&R agenda within two years for review of the Report of the Accreditation Committee. At that time, the Board of Trustees will either grant initial membership or continue the institution in Candidacy and authorize a second Accreditation Committee visit.

Both Candidacy and Initial Accreditation are granted at one of six “Levels,” an indication of the highest-degree offered by an institution – Level I (Associate), Level II (Baccalaureate), Level III (Master), Level IV (Educational Specialist), Level V (Doctorate – 3 or fewer), and Level VI (Doctorate – 4 or more).

2. **To deny Candidacy status** – Denial of Candidacy status ends the current process for seeking Initial Accreditation. Institutions may begin again by submitting another Application for Membership at any time. Institutions also have the opportunity to appeal the decision by following the procedures outlined in Commission policy “Appeals Procedures of the College Delegate Assembly of the Commission on Colleges,” which is available at www.sacscoc.org.

The recommendations of the C&R Committee are forwarded to the Executive Council for review.

As the executive arm of the Commission, the Executive Council reviews and approves or modifies the recommendations of the Compliance and Reports Committees. To

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ensure the integrity of the Commission’s review process, the Executive Council monitors the consistency of actions recommended by the various C&R Committees before sending its recommendations to the Board of Trustees. The 77-member Board takes final action on the recommendations forwarded to it by the Executive Council and reports its decisions to the College Delegate Assembly at the annual business meeting in December.

Approximately three working days after the Board of Trustees takes action at either the Summer Meeting in June or the Annual Meeting in December, those decisions are posted on the Commission’s website. Commission policy “Disclosure of Accrediting Documents and Actions of the Commission on Colleges,” available at [www.sacscoc.org](http://www.sacscoc.org), identifies the details that are released to the public. Approximately two weeks after the web posting, action letters signed by the President of the Commission officially notify the CEOs of the action taken by the Board of Trustees. In addition to specifying the action taken by the Board, a letter confirming a positive action (See Appendix II-4 – Sample Action Letter: Candidacy Status Granted) specifies the date that Candidacy became effective, names the institution’s staff member, identifies next steps in the process of seeking initial accreditation, and alludes to the new responsibility of paying annual dues. If Candidacy has been denied, letters conveying negative actions (See Appendix II-5 – Sample Action Letter: Candidacy Status Denied) identify the requirements and standards that the Board found to be non-compliant. Denial of Candidacy for Initial Accreditation is an appealable action. Details of the appeal process can be found in Commission policy “Appeals Procedures of the College Delegate Assembly of the Commission on Colleges,” available at [www.sacscoc.org](http://www.sacscoc.org).

## New Responsibilities for Candidate Institutions

Soon after they are granted Candidacy status, Candidate institutions discover three new responsibilities – obligations to pay dues, to submit Institutional Profiles, and to appoint an Accreditation Liaison.

- **Dues:** Candidate institutions are assessed annual dues using a formula based on enrollment and on educational and general expenditures beginning with the term in which Candidacy status was awarded. Details regarding the dues formula can be found in Commission policy “Dues and Fees,” which is available at [www.sacscoc.org](http://www.sacscoc.org).
- **Institutional Profiles:** Twice each year, information about Candidate and Member institutions is collected. The Institutional Profile on enrollment is due each January; the Institutional Profile on finances is due each July.
- **Accreditation Liaison:** Each Candidate and Member institution is required to have an Accreditation Liaison, normally someone other than the chief executive officer and frequently the person who has been the contact person in development of the application and the hosting of the Candidacy Committee visit. This person normally receives copies of communications regarding Commission actions and policies that are sent to the chief executive officer of the institution. Serving as a resource person for the development of the required documents, the accreditation liaison assists the

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chief executive officer in ensuring the accuracy of all information submitted to the SACS Commission on Colleges. In addition, the Accreditation Liaison is the individual who seeks consultation from the assigned Commission staff member on questions that arise on campus regarding interpretations of SACSCOC standards and policies and the preparation of the various required documents. Serving as the campus authority on regional accreditation, the Accreditation Liaison can assist faculty, staff, and administrators in maintaining compliance with SACSCOC requirements when institutional policies and procedures are adopted and revised. In the intervening years between SACSCOC reviews, the Accreditation Liaison coordinates the timely submission of annual institutional profiles and other reports as requested by the Commission. A complete description of the responsibilities of the Accreditation Liaison is available at [www.sacscoc.org](http://www.sacscoc.org) under Institutional Resources.

- **Representation of Status with the Commission:** Like an Applicant institution, a Candidate institution must make no statement about future accreditation status with the SACSCOC. It may, however, report to the public its status as a Candidate institution. In so doing, it **must** use the following format:

(Name of institution) is a candidate for accreditation with the Commission on Colleges of the Southern Association of Colleges and Schools to award (name specific degree levels, such as associate, baccalaureate, masters, doctorate). Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4501 for questions about the status of (name of institution).

Furthermore, when publishing its accreditation status, the institution should make clear that the SACSCOC address is provided to enable constituents to (1) learn about the institution's accreditation status, (2) file a third-party comment, or (3) file a complaint against the institution. For both Candidate and Member institutions, representation of status with the Commission is detailed in CS 3.14.1 (Publication of accreditation status).

An institution may withdraw its status as a Candidate institution. If it does so and later decides to seek membership, it must submit a new Application for Membership and follow the process for securing Initial Accreditation described in this handbook. If the SACS Commission on Colleges is notified by a state agency that a Candidate institution's legal authority to operate as an institution of higher education is under consideration for denial, suspension, revocation, withdrawal, or termination, the Commission will review the status of its own recognition of the institution.

## SACSCOC FACT

On average, nearly three dozen institutions attend the Commission's Pre-Applicant Workshops annually.

<i>Pre-Applicant Workshop date</i>	<i>Total institutions in attendance</i>	<i>Institutions from within the SACSCOC region</i>	<i>U.S. institutions from outside the region</i>	<i>Foreign institutions</i>
<b>2005 totals</b>	<b>30</b>	<b>25</b>		<b>5</b>
<b>January</b>	10	8		2
<b>April</b>	10	9		1
<b>October</b>	10	8		2
<b>2006 totals</b>	<b>29</b>	<b>24</b>		<b>5</b>
<b>January</b>	10	8		2
<b>April</b>	8	7		1
<b>October</b>	11	9		2
<b>2007 totals</b>	<b>39</b>	<b>29</b>	<b>1</b>	<b>9</b>
<b>January</b>	12	12		
<b>April</b>	14	9	1	4
<b>October</b>	13	8		5
<b>2008 totals</b>	<b>39</b>	<b>30</b>		<b>9</b>
<b>January</b>	12	9		3
<b>April</b>	15	11		4
<b>October</b>	12	10		2
<b>2009 totals</b>	<b>41</b>	<b>33</b>		<b>8</b>
<b>January</b>	17	11		6
<b>April</b>	13	12		1
<b>October</b>	11	10		1
<b>2010 totals</b>	<b>36</b>	<b>21</b>	<b>1</b>	<b>14</b>
<b>January</b>	12	6		6
<b>April</b>	15	10		5
<b>October</b>	9	5	1	3
<b>TOTAL</b>	<b>214</b>	<b>162</b>	<b>2</b>	<b>50</b>

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## **Phase 4: On-Site Review by an Accreditation Committee**

*When Candidacy is granted, the institution must complete a Compliance Certification ... and receive an Accreditation Committee visit within the two years following the date the institution was granted Candidacy status.*

*Accreditation Procedures for Applicant Institutions (January 2009)*

## **Phase 4: On-Site Review by an Accreditation Committee**

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## Part IV

# THE ACCREDITATION COMMITTEE'S VISIT

During the 12-18 months following the granting of Candidacy status, Candidate institutions turn their attention to preparing for the visit of the Accreditation Committee. Developing the Compliance Certification that will serve as the foundation for the Accreditation Committee's review is similar to the task that faced the institution when it wrote Part B of the Application for Membership, and hosting the Accreditation Committee parallels the institution's previous experience hosting the Candidacy Committee. Even though Candidacy is awarded for four years, the fact that a Candidate institution is expected to host a visit by an Accreditation Committee and appear back on the agenda of the SACSCOC Board of Trustees for a first consideration of initial accreditation within two years means that the institution has an imposed timeframe for preparing the Compliance Certification. Consequently, quickly creating a timeline for completing the Compliance Certification and identifying the groups and individuals who must be involved in the process is essential to ensuring that adequate documentation can be assembled and appropriate narratives developed in the time allotted.

Because preparations for the visit of the Accreditation Committee require the analysis of compliance with more than twice as many issues as were addressed in the Application for Membership, the institution may need to expand its Leadership Team to accommodate this increase in workload and its demand for additional expertise. A review of the organization of the major issues addressed in the Comprehensive Standards section of *The Principles of Accreditation* – governance and administration, mission/institutional effectiveness, all educational programs/undergraduate programs/graduate and post-baccalaureate professional programs, faculty, library and other learning resources, student affairs and services, financial resources, physical resources – provides an outline for the areas of expertise required. When finalizing membership on the Leadership Team for preparation of the Compliance Certification, the goal should be to select those individuals who understand the institution's mission and who have extensive knowledge of its history, culture, practices, policies, procedures, and data sources.

Ensuring that the team is the “right” size to get the job done is vital to success, and care must be taken to avoid appointing a team that is too large and comprehensive to function efficiently. Ad hoc workgroups, which are frequently appointed to address the major issues in the Comprehensive Standards, enable institutions to pull in needed expertise while ensuring that the Leadership Team remains lean enough to function effectively. Whatever approach an institution takes to involve additional staff in the preparations for the Accreditation Committee's visit, the institution needs to take time to orient those individuals

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to the process for seeking initial accreditation. Sections of this handbook, such as Part II's "Part B: Documenting Compliance," may prove helpful in jump starting the work of the new recruits.

## **The Staff Advisory Visit**

Just as the Pre-Applicant Workshop provides an orientation to the development of the Application for Membership, the staff advisory visit provides an orientation to the development of the Compliance Certification. The SACSCOC staff member who has facilitated the institution's recent Candidacy Committee visit continues to work with an institution as it prepares for its second on-site review. A staff advisory visit to the institution is generally scheduled within the six months following the granting of Candidacy status and is designed to assist the institution in its understanding of how to document compliance with the Comprehensive Standards that were not addressed in the Application for Membership. (In addition to identifying the compliance components embedded in these additional Comprehensive Standards, Appendix III-1 (Comprehensive Standards: Compliance Components to Address in the Compliance Certification) contains suggestions for developing narratives and identifying documentation and provides excerpts from reports prepared by SACSCOC Committees to highlight issues that were not adequately addressed prior to the Committee's review.) During the advisory visit, the institution and the SACSCOC staff member will also have an opportunity to discuss the schedule for the Accreditation Committee's visit and any modifications to local arrangements anticipated as a result of the institution's analysis of the extent to which the hotel and campus accommodations appeared to meet the expectations of the Candidacy Committee.

Institutions are invited to identify the month during which they prefer to schedule the advisory visit. Some institutions prefer to schedule this visit early so that the Leadership Team and the associated work groups receive an orientation to their tasks prior to tackling them. Other institutions prefer to have the work groups draft a preliminary outline of the narratives and supporting documentation so that the SACSCOC staff member can provide feedback on their work.

## **The Compliance Certification**

Institutions complete the Compliance Certification to document their compliance with each of the Core Requirements, Comprehensive Standards, and Federal Requirements, except for PR 1.1 (Integrity), CR 2.12 (Quality Enhancement Plan), CS 3.3.2 (Quality Enhancement Plan), and CS 3.13.1 (Policy Compliance). Since Part B of the Application for Membership addresses many of these same standards and requirements, the Candidate institution has a solid foundation from which to launch its development of the Compliance Certification. For the Core Requirements, Federal Requirements, and the three Comprehensive Standards previously addressed, the institution might begin by updating the narratives and documentation presented in Part B of the Application for Membership and pasting those updates into the template for the Compliance Certification, which is available under Institutional Resources at [www.sacscoc.org](http://www.sacscoc.org). A first consideration at this point is that because

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Part A of the Application for Membership is not included in the Compliance Certification, any cross-references to Part A in those “pasted” sections will require editing. Secondly, in addition to updating the obvious, such as enrollment figures, budgets, audits, and evaluation results, the institution might also reflect on the questions asked and the additional materials requested during the Candidacy Committee’s visit. Those questions and requests can assist the institution in determining how to improve its narratives to address compliance more clearly and definitively and how to adjust its selection of documentation to support its arguments for compliance more directly and completely.

Since this important document is the foundation for the Accreditation Committee’s review, a well-written and properly documented Compliance Certification can be a powerful tool for increasing the efficiency of the Committee’s visit and reducing the subsequent follow-up required during the visit or in the institution’s Response to the Visiting Committee’s Report. Off-campus programs and distance learning programs/courses are two areas that Candidate institutions frequently fail to address fully, despite the proviso in *The Principles of Accreditation* that CS 3.4 Educational Programs: All Educational Programs includes “all on-campus, off-campus, and distance learning programs and course work” and a cross-reference at that point to Commission policy “Distance and Correspondence Education, which is available at [www.sacscoc.org](http://www.sacscoc.org). Institutions with off-campus sites and/or distance education must take special care to address them in both the narratives and the documentation for relevant comprehensive standards (such as those addressing institutional effectiveness, educational programs, faculty, library, student affairs, and physical resources). Dual educational programs and joint educational programs must also be addressed in the Compliance Certification. See Commission policy “Collaborative Academic Arrangements: Policy and Procedure,” also available at [www.sacscoc.org](http://www.sacscoc.org).

Completion of the Compliance Certification requires three actions by the institution for each of the standards: (1) determining the level of compliance, (2) attaching documentation that supports the level of compliance indicated, and (3) developing a narrative that summarizes, links, and interprets the documentation as it builds a case in support of the level of compliance indicated. This first action – determining the level of compliance – is a new step that was not required in the Application for Membership. The remaining two actions, however, replicate the process employed previously in the development of Part B of the Application for Membership.

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

- **Compliance.** The institution concludes that it complies with each component of the requirement or standard. In the example below, notice how the narrative supports the assertion of compliance by addressing each of the key issues identified in Appendix III-I. Hot-links take the reader directly to the primary documentation.

**3.2.14** *The institution’s policies are clear concerning ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property. These policies apply to students, faculty, and staff. (Intellectual Property Rights)*

### Compliance

The first intellectual property policy, “Patents and Copyrights for Work Products,” was developed in 1982, primarily for faculty in science and engineering. During the next two decades, the policy underwent several revisions, including a name change to “Policy on Intellectual Property,” as it was expanded to encompass a broader range of academic pursuits and to extend to individuals in staff positions. In 2005, the policy was amended to cover property developed by students. At the time of the last revision in 2009, the policy was re-named “[Intellectual Property: Rights and Responsibilities](#),” definitions used throughout were updated, and the policy’s organization was sharpened to ensure that it clearly addresses ownership of materials ([Section 1a](#)), compensation ([Section 3a](#)), copyright issues ([Section 1b](#)), and the use of revenue derived from the creation and production of intellectual property ([Section 3b](#)). This policy can be found in the *University Policy Manual*, the *Faculty Handbook*, and the *Student Handbook*.

Intellectual property includes, but is not limited to, any invention, discovery, creation, know-how, trade secret, technology, scientific or technological development, research data, works of authorship, and computer software, regardless of whether subject to protection under patent, trademark, copyright, or other laws. The intellectual property policy applies to all persons employed by the university, to undergraduates, to candidates for master’s and doctoral degrees, and to postdoctoral and pre-doctoral fellows. The university has sole ownership of all intellectual property created as part of an institutional project. However, the institution does not assert its interests in the copyright of scholarly or educational materials, artworks, musical composition, or literary works related to the author’s academic or professional field, regardless of the medium of expression.

- **Partial Compliance.** The institution judges that it complies with some but not all components of the requirement or standard. When an institution selects this option, the narrative must justify the partial compliance and provide a detailed action plan for bringing the institution into compliance, including identification of the documents to be presented to support compliance and a date for completing the plan. In the example below, notice how the action plan has been labeled for easy reference.

**3.2.1.4** *The institution’s policies are clear concerning ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property. These policies apply to students, faculty, and staff. (Intellectual Property Rights)*

### Partial Compliance

The first intellectual property policy, “Patents and Copyrights for Work Products,” was developed in 1982, primarily for faculty in science and engineering. During the next two decades, the policy underwent several revisions, including a name change to “Policy on Intellectual Property,” as it was expanded to encompass a broader range of academic pursuits and to extend to individuals in staff positions. At the time of the last revision in 2009, the policy was re-named “[Intellectual Property: Rights and Responsibilities](#),” definitions used throughout were updated, and the policy’s organization was sharpened to ensure that it clearly addresses ownership of materials ([Section 1a](#)), compensation ([Section 3a](#)), copyright issues ([Section 1b](#)), and the use of revenue derived from the

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creation and production of intellectual property ([Section 3b](#)). This policy applies to faculty and staff and can be found in the *University Policy Manual* and in the *Faculty Handbook*.

Intellectual property includes, but is not limited to, any invention, discovery, creation, know-how, trade secret, technology, scientific or technological development, research data, works of authorship, and computer software, regardless of whether subject to protection under patent, trademark, copyright, or other laws. The intellectual property policy applies to all persons employed by the university. The university has sole ownership of all intellectual property created as part of an institutional project. However, the institution does not assert its interests in the copyright of scholarly or educational materials, artworks, musical composition, or literary works related to the author's academic or professional field, regardless of the medium of expression.

**Action Plan:** A policy statement regarding intellectual property rights for students, including ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property, is currently under development by a committee composed of faculty, student services personnel, and students. The draft should be presented first to the Student Council and then to the Faculty-Staff Council for review and approval at their meetings in September. The policy will then be presented to the President for final approval prior to being considered by the Board of Trustees at the October Board meeting. After the Board has approved the policy, it will be incorporated into the *Student Handbook*.

If the institution is unable to document compliance at the time of the Accreditation Committee's visit, the Accreditation Committee will write a Recommendation, which identifies the need for submission of further documentation (a Response to the Report of the Visiting Committee) for review by the SACSCOC Board of Trustees. A Recommendation indicates a finding on non-compliance by a visiting committee.

- **Non-Compliance.** The institution determines that it does not comply with any aspect of the requirement or standard. When an institution selects this option, the narrative must explain the non-compliance and provide a detailed action plan for bringing the institution into compliance, including identification of the documents to be presented to support compliance and a date for completing the plan. Appendix II-3 presents a narrative marked non-compliance. In the example below, notice how succinctly the narrative discloses the institution's failure to comply. A simple statement of that fact followed by an appropriate action plan is all that is required.

**3.2.1.5** *The institution's policies are clear concerning ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property. These policies apply to students, faculty, and staff. (Intellectual Property Rights)*

### **Non-Compliance**

The university is not currently in compliance with this requirement because it has no written and approved policy regarding ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of any intellectual property by faculty, staff or students.

**Action Plan:** A policy statement regarding ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property is

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currently under development by a committee composed of faculty, administrators, staff, and students. The draft should be presented to the Faculty-Staff Council for review and approval at its opening meeting in September. The policy will then be presented to the President for final approval prior to being considered by the Board of Trustees at the October Board meeting. After the Board has approved the policy, it will be incorporated into both the *Faculty-Staff Handbook* and the *Student Handbook*.

If the institution is unable to document compliance at the time of the Accreditation Committee's visit, the Accreditation Committee will write a Recommendation, which identifies the need for submission of further documentation (a Response to the Report of the Visiting Committee) for review by the SACSCOC Board of Trustees. A Recommendation indicates a finding on non-compliance by a visiting committee.

Although the Compliance Certification form allows for indications of Partial Compliance and of Non-compliance, Candidate institutions are advised to complete the process of growing into compliance before submitting the Compliance Certification. This is the reason that Applicant institutions are advised to preview all Comprehensive Standards as they begin the process of developing the Application for Membership – to identify issues of non-compliance early enough so that sufficient time is available to develop documentation of compliance for the Accreditation Committee. If too many Recommendations must be written by an Accreditation Committee, the SACSCOC Board may conclude that the institution has not met the requirements for initial accreditation.

Developing the narratives for the Compliance Certification and documenting compliance with the standards and requirements requires the same skill set that was applied to developing Part B of the Application for Membership. Compliance Certification team members who have not participated in the development of the Application should review the sections on finding, evaluating and presenting documenting and those on building the case for compliance and finding the right length for narratives in Part II of this handbook. Unlike the Application for Membership, which was revised by the Applicant institution after being reviewed comprehensively by a Commission staff member, the Compliance Certification undergoes no such staff review. Because the Compliance Certification is sent to the members of the Accreditation Committee at the same time that it is submitted to the Commission on Colleges, Candidate institutions need to develop a team of individuals with the requisite skills for developing and documenting a case for compliance across the four sections of *The Principles of Accreditation*.

Because the individuals who develop Compliance Certifications focus so very intently on the language of the Core Requirements, Comprehensive Standards, and Federal Requirements, many institutions submit Compliance Certifications that have not adequately addressed the special documentation requirements established for standards that mandate a policy or procedure, such as 3.2.3 (Conflict of Interest). Often overlooked because it is placed above the first numbered standard in Sections 2, 3, and 4, this special documentation requirement specifies that the policy or procedure be (1) in writing, (2) approved through appropriate channels, (3) published in appropriate documents accessible to those affected by it, (4) implemented, and (5) enforced. At the June 2009 Summer Meeting, the Executive Council made the following determination regarding this requirement:

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- For all standards that require a policy, institutions must document publication of the policy in appropriate institutional documents.
  - For some standards, implementation of policy may require little documentation.
  - For four standards – CS 3.2.3 (Board conflict of interest), CS 3.2.5 (Board dismissal), CS 3.7.5 (Faculty role in governance), and FR 4.5 (Student complaints) – institutions must explicitly document implementation and enforcement.

See Appendix III-1 (Comprehensive Standards: Key Issues to Address in the Compliance Certification) for reminders of those Comprehensive Standards that reference policies and procedures. Information about desirable characteristics for internal policies and procedures is available in “Best Practices for Developing Policy and Procedure Documents” at [www.sacscoc.org](http://www.sacscoc.org).

The Compliance Certification includes a page for the signatures of the institution’s chief executive officer and the accreditation liaison. By signing the document, these individuals certify that the process of the institutional self-assessment has been thorough, honest, and forthright and that the information contained in the document is truthful, accurate, and complete. An institution may release its Compliance Certification for internal or public distribution. To review sections of recently reviewed Compliance Certifications that have been selected by Commission staff as good illustrations of well-designed narratives with appropriate documentation, attendees are invited to stop by the Resource Room during the Commission’s Annual Meeting.

## **Role of the Accreditation Committee**

Like the Candidacy Committee, the Accreditation Committee is responsible for verifying compliance with the requisite standards and requirements through interviews with campus personnel, observation, and review of documents on site. As part of its review, the Accreditation Committee will visit some or all of the institution’s off-campus sites and, where applicable, will address issues stemming from Third-Party comments. The Accreditation Committee will present its findings to the institution during an Exit Conference and will record those comments in The Report of the Accreditation Committee, which will be reviewed by the SACSCOC Board when it makes its decision to award Initial Accreditation, Continue the institution in Candidacy, or remove the institution from Candidacy.

**Reviewing Compliance.** Although a portion of the Accreditation Committee’s work includes re-examining the institution’s compliance with the same Core Requirements, Comprehensive Standards, and Federal Requirements that were previously reviewed by the Candidacy Committee, the Accreditation Committee’s review is separate from and independent of those portions of the initial accreditation process that preceded it. Candidate institutions should not assume that members of the Accreditation Committee have any specific knowledge of the institution stemming from any documents previously submitted to the SACS Commission on Colleges. Because the Accreditation Committee will not have received copies of the Application for Membership or The Report of the Candidacy

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Committee, it will base its review of the institution's compliance on the recently completed Compliance Certification, additional documentation provided by the institution just prior to or during the visit, and interviews with institutional staff during the on-site review. Accreditation Committees make no assumptions about compliance with the standards that have been previously reviewed, rather they focus on the level of compliance documented in the Compliance Certification and verified by the Committee during the week of the visit.

Much of this work of the Accreditation Committee is begun during the month prior to the visit. During the Committee's conference call approximately two to three weeks prior to the visit, the evaluators identify additional documentation they wish to examine and begin to construct a list of individuals to interview. The Chair of the Accreditation Committee, who is the institution's primary contact for arranging the details of the upcoming visit, forwards that list of additional documentation to the institution so that the documents can either be sent to the Committee members immediately or be assembled for review later at the hotel or on campus. The Chair also forwards to the institution the requests for interviews so that a preliminary schedule for the visit can be drafted.

**Visiting Off-Campus Sites.** The SACSCOC staff member determines which off-campus sites the Accreditation Committee will visit. For most institutions with few off-campus sites, review of these locations is scheduled for the morning of Day Two. For institutions with too many off-campus sites to be visited in a single morning, review of some locations will also be scheduled for the morning of Day One. For institutions with many off-campus locations or off-campus sites abroad, a review of some of these locations may be scheduled earlier than the week of the Accreditation Committee's visit to the main campus. In all instances, sites will be visited by more than one member of the Committee to confirm compliance with the requisite requirements and standards at each of the locations.

Whereas Candidacy Committees generally visit all off-campus sites, Accreditation Committees may visit a selection of off-campus sites. Since all locations, however, need to be participants in the initial accreditation process, the institution should arrange for key personnel at sites not visited to be engaged in conversations with members of the Accreditation Committee – in person at the main campus or at one of the off-campus sites scheduled for a visit, through a conference telephone call, or via electronic conferencing.

**Reviewing Third-Party Comments.** Prior to scheduled visits, the Commission posts on its website a call for third-party comments. For fall visits, third-party comments are due on the August 10 prior to the visit; for spring visits, third-party comments are due on the January 10 prior to the on-site visit. If the Commission receives substantive comments by the date specified, they are forwarded to the institution within ten working days of their receipt. The institution is then invited to prepare a written response to the comments for review during the institution's on-site visit. For additional information, see the Commission's policy "Third-Party Comment by the Public" at [www.sacscoc.org](http://www.sacscoc.org).

**Conducting the Exit Conference.** The last on-site responsibility of the Accreditation Committee is to present its findings orally in an Exit Conference with key institutional personnel.

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## Composition of the Accreditation Committee

An Accreditation Committee typically includes nine members: the Chair, three evaluators in the areas of faculty qualifications and educational programs, and one evaluator for each of the following areas – organization and administration, library, student support services, institutional effectiveness, and finances. The Commission staff member, who creates a new Accreditation Committee for each institution up for review, may expand the size of the Committee if the institution has numerous off-campus sites that must be visited or if the institution is large and/or complex. None of the Committee members may be from institutions in the same state as the institution being visited, nor will the Accreditation Committee include any of the individuals who had visited the institution as members of the Candidacy Committee. All Committee members are expected to maintain complete confidentiality regarding documents and discussions pertaining to all phases of the review. Their service to both the Commission on Colleges and to the institution under review ends when the Report of the Accreditation Committee is completed, and they are prohibited from advising or consulting with the institution on any issues cited in the report.

When evaluators accept positions on Accreditation Committees, they are asked to attest to having no conflict of interest with the institution. (See Commission policy “Ethical Obligations of Members of SACSCOC Board of Trustees and of Evaluators” at [www.sacscoc.org](http://www.sacscoc.org). for examples of conflict of interest.) That same policy establishes an expectation that individuals with a vested interest in the institution scheduled for review will refrain from attempting to influence an evaluator’s judgment or otherwise influence the upcoming visit. Candidate institutions need to refrain from contacting members of the Accreditation Committee for reasons other than providing necessary information about logistical arrangements for the visit, distributing the required institutional materials for the review, or responding to inquiries for additional materials or clarification about materials provided.

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

## Materials for the Accreditation Committee

Four to six weeks prior to the on-site visit, institutions should send to each member of the Accreditation Committee and to the Commission staff member *print or electronic* copies of the following materials:

- The signed Compliance Certification

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- Catalog(s),
  - By-laws of the Board
  - Institutional Summary Form Prepared for Commission Reviews
  - Organization chart
  - Most recent audit and management letter (The “most recent audit and management letter” refers to those for the most recently ended fiscal year prior to the due date of an institution’s Compliance Certification.)
  - Most recent financial aid audit, if applicable
  - Written response to third-party comment, if applicable.

Distribution matrices for materials for Accreditation Committees are displayed on the same tables as the matrices for Candidacy Committees in Appendices II-1 (Electronic Submission) and II-2 (Paper Submission).

Commission staff members assist Candidate institutions in completing the “Information Outline for a Visit,” which includes such details as dates of the visit, contact numbers, information regarding transportation and housing accommodations during the visit, and the times and locations of the first and last committee meetings during the visit. A copy of the template for this document, which is sent to the Accreditation Committee by the staff member, can be found at [www.sacscoc.org](http://www.sacscoc.org) under Institutional Resources.

## Hosting the Accreditation Committee

Because hosting an Accreditation Committee is similar to hosting a Candidacy Committee visit, the institution can build upon the strengths of its previous experience. Feedback during the Candidacy visit should have indicated the extent to which the hotel and campus workroom accommodations met the expectations of the visiting committee. A candid evaluation of shortcomings during the first on-site review can lead to a better experience for the Accreditation Committee.

Because the Chair of the Accreditation Committee is responsible for organizing and managing the work of the Committee, the institution needs to begin establishing a working relationship with the Chair several months prior to the visit. The institution’s CEO and/or Accreditation Liaison should not hesitate to initiate communication with the Chair after they have been notified by their SACSCOC staff member of the Chair’s acceptance of the appointment. The chair may choose to conduct a preliminary visit to the institution to get acquainted with the campus, culture, and preparation for the visit, but many Chairs rely on conference calls and e-mails to establish a relationship with the campus Leadership Team and to make arrangements for the site visit. Often, the Chair arrives on site the day before the start of the visit to confirm that appropriate preparations have been made for the visit.

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

## Daily Schedule for the Visit

Like the Candidacy Committee visit, an Accreditation Committee visit typically extends from late morning of Day One through mid-morning of Day Three. When necessary, this timeframe is expanded to accommodate lengthy travel to off-campus locations. Since an Accreditation Committee does not typically visit all of an institution's off-campus sites, ensuring that key individuals from sites not visited are included in interviews on the main campus is an important consideration when developing the interview schedule. Like the Candidacy Committee, the Accreditation Committee will have submitted an initial list of persons to interview approximately two weeks prior to the visit, and once again, making last-minute adjustments to the drafted schedule should be anticipated.

**Day One.** Generally, after an early lunch and orientation meeting in the hotel conference room, the Accreditation Committee arrives on campus early in the afternoon. After a brief overview of the institution by the institution's CEO, the Accreditation Committee will begin interviewing institutional personnel. Because the Accreditation Committee is one-third larger than a Candidacy Committee, having sufficient staff available to guide committee members to interview locations and to secure additional materials for review is an important element in ensuring a smooth experience for both staff and visitors.

**Day Two.** An early departure for some or all of the Accreditation Committee members to a selection of off-campus teaching locations should be anticipated. Schedules for these off-campus reviews vary widely because they are dependent upon the travel time required. As during the Candidacy Committee's visit, at least two Accreditation Committee members will be sent to each location for a visit that will last an hour or less, depending upon the size and complexity of the site. Once again, having a key administrator from the site drive or accompany the Committee members will facilitate productive conversation about staffing, programs, and facilities during the journey.

**Day Three.** Once again, the Exit Conference, which is generally scheduled at the hotel, is the primary activity for Day Three. Because the review by the Accreditation Committee was broader than that conducted by the Candidacy Committee, this Exit Conference may take a bit longer, but it will probably finish in less than hour.

As was true for the Candidacy Committee, this on-site review will be rigorous and will not allow time for in-depth campus tours. While some evaluators may need to tour the entire campus, most have responsibilities that can be met through getting acquainted with only a portion of the physical facilities, such as the academic areas, the library, or the student

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services area. Since a great deal of work must be completed in a short amount of time, Accreditation Committees appreciate the time and effort required to provide the timely transportation, quick turnaround on requests for documents, ready accommodation of schedule changes, and the provision of reliable equipment and appropriate supplies.

## The Report of the Accreditation Committee

Like the Report of the Candidacy Committee, the Report of the Accreditation Committee contains three primary sections. **Part I (Overview and Introduction to the Institution)** briefly describes the nature of the institution by focusing on such issues as its history, control, enrollment, and primary student characteristics. In so doing, it lays a foundation for the evaluative comments that follow. **Part II (Assessment of Compliance)** displays each of the requisite Core Requirements, Comprehensive Standards, and Federal Requirements. Under each is a narrative describing the Committee's analysis of the institution's compliance. Where compliance has not been fully documented, the narrative will point out the shortcoming(s) and conclude with a Recommendation identifying the issue of non-compliance and the need for submission of further documentation for review by the SACSCOC Board of Trustees. Recommendations must be tied directly to a compliance component. **Part III (Observations and Comments)** provides both validations of institutional strengths and consultative advice on enhancing quality. All findings and comments in the report reflect the collective professional judgment of the entire Committee. Three appendices capture (1) the roster of the Accreditation Committee, (2) the sites visited and distance learning programs reviewed, and (3) the Recommendations written by the Committee. The template for the Report of the Accreditation Committee is available at [www.sacscoc.org](http://www.sacscoc.org). Appendix III-2 (The Report of the Accreditation Committee: Sample Narratives from Part II (Analysis and Compliance) and Part III (Observations and Comments)) provides excerpts from Sections II and III in recent reports.

By the morning of Day Three, a draft of the Accreditation Committee's report is complete, but a hard copy of this draft is not given to institutions during the Exit Conference. Generally, the Chair edits the draft report and e-mails it to the Committee and to the Commission staff member for their final review the week after the visit. Before finalizing the report, the Chair also e-mails a copy to the institution for review of its factual accuracy. At this time, the institution should review the factual references in the report (such as dates, names of campuses and committees, position titles, enrollment numbers, and financial figures) and confirm their accuracy or provide corrections. Institutions must limit their review to representations of fact and avoid suggesting changes to the Committee's interpretation and analysis of those facts. After the Chair has incorporated final edits and factual corrections, the final copy of the Report of the Accreditation Committee is sent to the institution's Commission staff member, who then forwards a hard copy to the institution.

An institution has the right to release its Accreditation Committee's report. If the institution quotes from the report or publicly characterizes the finding of the visiting committee, it must state that a copy of the entire report can be obtained from the institution. The Commission on Colleges will not normally release the Report of the Accreditation Committee to the public; if the institution, however, provides misleading information about

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the contents of the report, the President of the Commission may make that report available to the public. Under certain circumstances, visiting committee reports may be accessed by the U.S. Department of Education, the Council for Higher Education Accreditation, or other accrediting agencies. Commission policy “Disclosure of Accrediting Documents and Actions of the Commission on Colleges,” available at [www.sacscoc.org](http://www.sacscoc.org), details the release of a visiting committee’s report to agencies, institutions, or individuals.

## **The Exit Conference**

The Exit Conference is designed as a dialogue between two small groups of individuals – the Accreditation Committee and the institution’s leadership. Because institutions generally expand the size of their Leadership Team to accommodate the additional work necessary to develop a Compliance Certification, the number of institutional representatives attending this Exit Conference may exceed the number that attended the Exit Conference for the Candidacy Committee’s visit; nonetheless, the number should be small enough to facilitate conversation between the Committee and the institution’s contingent. To simplify the transportation of Committee members and their luggage to the airport, the Exit Conference is generally held in the hotel conference room. As the name, Exit Conference, implies, the Committee conveys its findings orally; it does not provide a paper or electronic copy of its draft report at this time.

Prior to the Exit Conference, the Committee Chair and the Commission staff member meet with the CEO to preview the Committee’s findings. At the Exit Conference, the Committee reports on any findings of non-compliance resulting in Recommendations. The Accreditation Committee may also provide consultative advice on enhancing quality in areas not directly monitored by the Commission. To ensure that the institution understands issues of non-compliance presented by the Committee, the institutional leadership has the opportunity to ask questions of clarification. Since all issues of non-compliance must be addressed in a further report (the institution’s Response to the Visiting Committee Report), attaining a clear understanding of the additional documentation of compliance that is required enables the institution to maximize the amount of time available for developing its response. The Commission staff member then reviews the timeline for finalizing the Committee’s draft report and the remaining steps in preparing the institution for review by the SACSCOC Board of Trustees.

## **The Response to the Visiting Committee Report**

In preparation for review by the SACSCOC Board of Trustees, most institutions – all those that received one or more recommendations in the Report of the Accreditation Committee – must complete an additional report, the Response to the Visiting Committee Report. When the Commission staff members transmit the final copy of the Report of the Accreditation Committee to the institution, that mailing includes directions for completing the institution’s response and specifies both the date that it is due and the number of copies required. Requirements for formatting the response are summarized in the Commission policy “Reports Submitted for Committee or Commission Review,” available at

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www.sacscoc.org. To ensure that the formatting of the response meets the expectations of the members of the Compliance and Reports Committees, institutions should take pains to follow precisely the policy’s directions under “Report Presentation.”

Institutions are required to respond to all of the Recommendations included in the text of Part II (Assessment of Compliance) of the Report of the Accreditation Committee, but they are not required to address any of the Committee’s additional observations or consultative comments presented in Part III (Observations and Comments). The Committee’s recommendations are summarized at the end of the Report of the Accreditation Committee in Appendix C, which provides a handy reference for organizing the response. As in both Part B of the Application for Membership and the Compliance Certification, the response should present a narrative describing the institution’s current status and documentation confirming that status. In short, the narrative should be clear, detailed, and comprehensive and should explain thoroughly the actions recently taken by the institution to ensure compliance, and the documentation should be appropriate for demonstrating achievement of compliance. The advice on writing the narratives and selecting the documentation for Part B of the Application for Membership and for the Compliance Certification, presented in Parts II and III of this handbook, applies as well to the development of the Response to the Visiting Committee Report.

## Review by the SACSCOC Board of Trustees

In addition to having documented compliance with the requirements and standards of *The Principles of Accreditation*, a Candidate institution being reviewed by the SACSCOC Board for Initial Accreditation must have enrolled students without interruption through at least one complete degree program cycle and have graduated at least one class at the level of the highest degree offered by the institution. Policy (“Accreditation Procedures for Applicant Institutions”) prohibits the denial of membership on any basis other than failure to comply with the Core Requirements, the Comprehensive Standards, and the Federal Requirements of *The Principles of Accreditation* or failure to comply with policies and procedures of the SACS Commission on Colleges.

One of the Board’s Compliance and Reports Committees will review the Report of the Accreditation Committee, the institution’s response to the visiting committee’s report (required only if the Accreditation Committee wrote one or more recommendations), and the Chair of the Accreditation Committee’s evaluation of that response. If the institution is in its fourth year of Candidacy, representatives of the institution may be invited to a meeting on the record with the C&R Committee. (Information about the procedures for these meetings is available in Commission policy “Administrative Procedures for the Meetings of the Committees on Compliance and Reports,” available at [www.sacscoc.org](http://www.sacscoc.org).) Following its review, the C&R Committee makes one of the following recommendations:

- 1. To award Initial Accreditation** – Awarded for a five-year period, Initial Accreditation is retroactive to January 1 of the year in which accreditation is awarded by the Commission and is granted only for those purposes and programs in place at the time of the Accreditation Committee’s visit.

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2. **To continue the institution in Candidacy** – An institution that has failed to meet the requirements for Initial Accreditation, but has at least two years remaining in its four years of Candidacy and has provided strong evidence that it is making adequate progress towards compliance, may be Continued in Candidacy for an additional two years. In preparation for a visit by a second Accreditation Committee, the institution is expected to update its Compliance Certification; special attention should be devoted to addressing the issues of non-compliance cited by the first Accreditation Committee. When the C&R Committee reviews the report prepared by the second Accreditation Committee, the C&R Committee will recommend that the institution either be awarded or denied Initial Accreditation.
  3. **To remove the institution from Candidacy** – Sometimes (but rarely) something will have occurred at a Candidate institution that will result in the institution’s being non-compliant with so many requirements and standards at the time of the Accreditation Committee visit that the Board of Trustees removes it from Candidacy. Should this occur, the process ends and the institution may apply again at its discretion. Institutions also have the opportunity to appeal a decision for removal from Candidacy by following the procedures outlined in Commission policy “Appeals Procedures of the College Delegate Assembly of the Commission on Colleges,” which is available at [www.sacscoc.org](http://www.sacscoc.org).

C&R Committee recommendations are forwarded to the Executive Council for review.

As the executive arm of the Commission, the Executive Council reviews and approves or modifies the recommendations of the Compliance and Reports Committees. To ensure the integrity of the Commission’s review process, the Executive Council monitors the consistency of actions recommended by the various C&R Committees before sending its recommendations to the Board of Trustees. The 77-member Board takes final action on the recommendations forwarded to it by the Executive Council and reports its decisions to the College Delegate Assembly at the annual business meeting in December.

Approximately three working days after the Board of Trustees takes action at either the Summer Meeting in June or the Annual Meeting in December, those decisions are posted on the Commission’s website. Commission policy “Disclosure of Accrediting Documents and Actions of the Commission on Colleges,” available at [www.sacscoc.org](http://www.sacscoc.org), specifies the information that is made available to the public. Approximately two weeks after the web posting, action letters signed by the President of the Commission officially notify the CEOs of the action taken by the Board of Trustees. Letters awarding initial accreditation specify the level at which membership has been awarded and the effective date. If further monitoring is required, the action letter not only identifies the issue(s) to be addressed and the due date for report, but it also discusses the 24-month monitoring period that applies. Guidelines for preparation of the Monitoring Report are enclosed. If an institution is Continued in Candidacy after the first Accreditation Committee visit, the action letter specifies the requirements and standards for which compliance has not yet been adequately documented so that the institution can effectively re-work its Compliance Certification for the second Accreditation Committee’s visit. See Appendix III-3 – III-6 for sample action

letters confirming the granting of Initial Accreditation or Continuation in Candidacy. On average, approximately four institutions with no former affiliation with the SACS Commission on Colleges achieve initial accreditation each year. (See Figure 5.)

**Figure 5: Record of Institutions Achieving Initial Accreditation**

<i>Year</i>	<i>Total institutions achieving initial accreditation*</i>	<i>Number offering only undergraduate degrees</i>	<i>Number offering only graduate or both graduate and undergraduate degrees</i>
2005	3	1	2
2006	2	2	0
2007	3	3	0
2008	4	4	0
2009	7	6	1
June 2010	3	1	2
<b>TOTAL</b>	<b>22</b>	<b>17</b>	<b>5</b>

*\* Excludes new entities formed from SACSCOC-accredited institutions – (1) campuses of member institutions that achieved separate accreditation, (2) new institutions formed by the merger of two or more SACSCOC-accredited institutions, and (3) new institutions formed by the merger of a SACSCOC-accredited institution with one or more non-SACSCOC-accredited institutions*

## New Responsibilities

Like Candidacy status, Initial Accreditation arrives with a set of new responsibilities. For some institutions, those responsibilities take immediate form in the development of a Monitoring Report or, if the institution has identified substantive changes for implementation after it gains accredited status, submission of appropriate substantive change notifications and prospectuses. For all new member institutions, a closer engagement in Commission activities should emerge as the CEO assumes an active role as a voting member of the College Delegate Assembly and recommends institutional representatives for the SACSCOC Evaluator Registry.

**Monitoring Reports.** The SACSCOC Board requests a Monitoring Report when compliance with a standard has not yet been fully documented. If the Candidate institution’s Response to the Visiting Committee Report documents compliance with all of the Core Requirements and most of the Comprehensive Standards and Federal Requirements for which the Accreditation Committee wrote Recommendations, the Board may choose to award Initial Accreditation with a request for a Monitoring Report in which the institution addresses any remaining non-compliant issues. Monitoring Reports are requested for

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consideration either at the Board's next meeting in six months or at its meeting one year hence. The action letter specifies the precise due date for the report's submission, generally between two and three months prior to the Board's meeting. Requests for Monitoring Reports from Member institutions are not uncommon. In 2008, nearly 60 percent of the institutions that were reaffirmed were asked to submit a Monitoring Report. Half of those institutions were asked to report on only one standard and 88 percent to report on fewer than four standards. Over half of the standards cited in the requests for Monitoring Reports focused on institutional effectiveness.

Institutions are expected to achieve compliance as quickly as possible. The maximum period for routinely submitting Monitoring Reports is two years, but even during that two-year period, the Board of Trustees may impose a sanction if reasonable progress toward compliance is not documented or if the situation deteriorates. At the end of the two-year period, institutions that have still not documented compliance must either be removed from membership or continued in membership for good cause, placed on Probation, and asked to submit an additional Monitoring Report.

Like the Response to the Visiting Committee Report, the Monitoring Report should present both a clear, detailed narrative describing the institution's current status and appropriate documentation confirming the institution's current status. The advice on writing the narratives and selecting the documentation for the Application for Membership, the Compliance Certification, and the Response to the Visiting Committee Report elsewhere in this handbook applies as well to the development of the Monitoring Report, which may be submitted on paper or in electronic form. If audits are required, however, print copies of the financials must be submitted. Requirements for formatting the Monitoring Report are summarized in Commission policy "Reports Submitted for Committee or Commission Review," available at [www.sacscoc.org](http://www.sacscoc.org). To ensure that the formatting of the Monitoring Report meets expectations, institutions should take pains to follow precisely the policy's directions under "Report Presentation." The Commission will not typically release a Monitoring Report to the public, but an institution may do so after the SACSCOC Board has taken action. Commission policy "Disclosure of Accrediting Documents and Actions of the Commission on Colleges," available at [www.sacscoc.org](http://www.sacscoc.org), details responsibilities associated with the release of a Monitoring Report.

**Substantive Change.** The award of initial accreditation frees an institution from the prohibition against substantive change that was one of the conditions for remaining in good standing as an Applicant and Candidate institution. Part II of this handbook closes with a section that briefly identifies the types of modifications and expansions that are considered substantive. Since Comprehensive Standard 3.12.1 requires that member institution notify the Commission of changes in accordance with the substantive change policy, ensuring that key individuals across the institution understand the requirements presented in Commission policy "Substantive Change for Accredited Institutions of the Commission on Colleges," which is available at [www.sacscoc.org](http://www.sacscoc.org), is essential to maintaining compliance. The policy's table for reporting various types of substantive changes provides a ready reference to types of changes that are considered substantive, the procedure to follow for notification and/or approval, the timeframe, and the documentation required. Many member institutions develop

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internal policies/procedures for monitoring changes to determine whether they are substantive, and, if so, for setting forth the procedure that will ensure proper notification of the Commission. Often, the institution's Accreditation Liaison manages this process.

**Engagement in Commission Activities.** As a member of the College Delegate Assembly, the CEO of the new member institution has an opportunity to vote on issues of significance to the membership, such as the standards for accreditation and the annual dues assessment formula, and to elect the organization's leaders -- members of the SACSCOC Board and the Appeals Committee and the representatives to the Association's Board. Membership also provides the opportunity for the CEO to nominate outstanding faculty and administrators from the institution for entry in the SACSCOC Evaluator Registry, the database from which membership on visiting committees, such as the Candidacy Committees and the Accreditation Committees described in this handbook, is selected. Service as a peer evaluator is much more than a simple obligation of membership; committee members repeatedly characterize their service on the Commission's visiting committees as the best professional experience available. Participation in periodic workshops, such as the Commission's series of small college initiatives or its information sessions on substantive change, provides an opportunity for a variety of individuals at member institutions to keep abreast of accreditation issues. Securing a spot as a presenter at the Annual Meeting affords opportunities to share their successes and spotlight lessons learned.

## Reaffirmation of Accreditation

Five years after being awarded Initial Accreditation, institutions are considered for Reaffirmation of Accreditation. In preparation for Reaffirmation of Accreditation, institutions must complete another Compliance Certification documenting ongoing compliance with the Core Requirements, Comprehensive Standards, and Federal Requirements. In addition, the institution must also complete a Quality Enhancement Plan in support of its compliance with CR 2.12 and CS 3.3.2. For details about preparing for the Off-Site Review and the On-Site Review that comprise the reaffirmation process, see the *Handbook for Institutions Seeking Reaffirmation*, which is available at [www.sacscoc.org](http://www.sacscoc.org).

Each year approximately eighty institutions are reviewed for reaffirmation of accreditation. In an effort to maintain a manageable and efficient review process, institutions are divided into classes that are named to reflect the year of reaffirmation and status as an undergraduate institution or an institution that awards graduate degrees. The Track A timeline, which schedules Commission action on reaffirmation in June, applies to Level I and II institutions that offer undergraduate degrees only. The Track B timeline, which schedules Commission action on reaffirmation in December, applies to Level III-VI institutions that offer both undergraduate and graduate degrees or only graduate degrees. Thus, the Class of 2010A was composed of undergraduate institutions whose reaffirmation was acted on by the SACS COC Board of Trustees in June 2010; the Class of 2010B was composed of graduate institutions whose reaffirmation was acted in December 2010. Institutions should plan to follow the timeline for their class and to submit reports on the deadlines specified. Dates for the current three active reaffirmation classes are available at [www.sacscoc.org](http://www.sacscoc.org) under Institutional Resources.

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## Appendix

*The Commission on Colleges bases its accreditation of degree-granting higher education institutions and entities on requirements in the Principles of Accreditation: Foundations for Quality Enhancement. These requirements apply to all institutional programs and services, wherever located or however delivered. The Commission on Colleges applies the requirements of its Principles to all applicant, candidate, and member institutions, regardless of the type of institution: private for-profit, private not-for-profit, or public.*

*The Principles of Accreditation: Foundations for Quality Enhancement (2010 edition)*

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## Appendix I-1

### Overview of Required Steps in the Initial Accreditation Processes for New Applicant Institutions and for Member Campuses Seeking Separate Accreditation

	New Applicant	Campus of a Member Institution
<b>Phase 1: Building a Foundation of Understanding</b>		
The Pre-Applicant Workshop	x	x
The Pre-Applicant IE Workshop	optional	optional
<b>Phase 2: Initial Paper Review</b>		
Preparation of the Application	x	x
Discussion of the Application	x	x
Submission of the Revised Application	x	x
Authorization of a Candidacy Committee Visit	x	Not applicable
<b>Phase 3: On-Site Review by a Candidacy Committee</b>		
Preparation for the Candidacy Committee Visit	x	Not applicable
The Candidacy Committee Visit and Report	x	Not applicable
SACSCOC Action	x	Not applicable
<b>Phase 4: On-Site Review by an Accreditation Committee</b>		
Preparation for Accreditation Committee Visit	x	x
The Accreditation Committee Visit and Report	x	x
SACSCOC Board Action	x	x

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## Appendix I-2

### Weaknesses Identified During Initial Review of Applications for Membership: Excerpts from Letters to Applicant Institutions

#### General Comments About the Application

- ❖ Tabs should be provided in Part B for reference to the Core Requirements, Comprehensive Standards, and Federal Requirements.
- ❖ For some of the standards, the institution provided no narrative to demonstrate that it is in compliance. For each requirement and standard, the institution should provide narrative addressing how it complies and then provide documentation supporting the narrative. It is not sufficient to provide documents without narratives and expect that the evaluator will seek to determine how the institution is in compliance. In every instance, the institution must “make its case” for compliance.
- ❖ The institution should indicate on pages 3, 8, and 9 under subsections of CS 3.3.1 where all of the IE plans can be found in the application rather than just stating that they are available. Readers could be misled into thinking that the institution has not provided all of the plans, which are in fact included after the Campus Activity Reports. The institution should also consider placing the annual IE reports for the educational programs at the point of narrative for each submission.
- ❖ Narrative and demonstration of compliance should be provided separately for each of the subsections of CS 3.3.1.
- ❖ The institution should note that any documents supporting compliance with *The Principles of Accreditation* must be translated into English. While it is acknowledged that classes at the campuses abroad are taught in Spanish, all supporting documents must be translated into English.

#### Core Requirements

##### CR 2.1 Degree-granting Authority

- ❖ The institution has state authority to operate, but the authorization appears to have expired on October 4, 2006.

##### CR 2.2 Governing Board

- ❖ The institution should provide minutes of the meetings of the Board of Trustees and should demonstrate that the Board of Trustees is an active policy-making body for the institution.
- ❖ Article III of the bylaws states that there must be at least one member but no more than five members on the Board of Directors. Because the bylaws allow only one board member, the

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institution could be out of compliance with this requirement. The institution should demonstrate that the bylaws ensure compliance by stating that the board consists of at least five members.

- ❖ One member of the Board appears to have a financial relationship to the institution in that he apparently supervised the development of international programs. As founder of the institution, it is assumed that he is a stockholder, although that information was not provided. The faculty member on the Board has a financial relationship with the Board. It is not clear whether the other two Board members and the chair are stockholders. The institution should provide information concerning the financial interests in the institution of all Board members and should demonstrate that it complies with this part of CR 2.2. The institution should also indicate who the stockholders are.
- ❖ Article IV of the bylaws states that “any director, personally or individually, may be a party to or may be interested in any contract or transaction of the Corporation.” The institution must ensure that both the presiding officer of the board and a majority of other voting members of the board are free of any contractual, employment, or personal or familial financial interest in the institution.”
- ❖ The Governance Guidelines note that a person would not be considered independent if family members (particularly a spouse) received \$25,000 or more. For SACSCOC, however, receipt of any compensation by a family member would constitute a familial financial interest in the institution.

### **CR 2.3 Chief Executive Officer**

- ❖ The institution has a CEO but also lists on the organizational chart a chancellor and a President. The institution should provide an explanation of the relationships among these three positions and their relationship to the Board of Directors.

### **CR 2.4 Institutional Mission**

- ❖ The institution should consider indicating in its mission statement the level of degrees offered (such as “undergraduate degree-granting institution of higher education”).

### **CR 2.5 Institutional Effectiveness**

- ❖ The materials contained selected examples of institutional improvement; however, it was difficult to determine that systematic review of all seven goals occurs at the institutional level.
- ❖ There was no description of a planning and evaluation process, no indication of who is responsible at the institution for planning and evaluation, and no indication of systematic review of goals and objectives for the institution as a whole. There was no document, such as a strategic plan, to indicate that planning and evaluation at the institutional level occurs and no indication that there is research-based planning at the institution.
- ❖ The institution has apparently made strides in the last two years in revising its mission statement and creating a planning process at both the institutional level and the unit level; however, the process is clearly in its infancy and uneven, and the institution will need to document that the process is functioning by providing clear evidence of systematic review of goals and objectives.

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- ❖ Because the strategic plan was adopted recently, there is understandably little evidence available that it is reviewed systematically at the institutional level. Thus, at this time, there is little documentation that a research-based planning and evaluation process at the institutional level is ongoing and functioning systematically. After the process has had time to function, the institution should provide evidence of a systematic review of goals and outcomes at the institutional level.
  - ❖ The five operational initiatives are general in nature, and it is not clear how they will be assessed or evaluated. It is not entirely clear how these initiatives tie to the strategic plan or are reflected in the educational program and unit outcomes and assessments.
  - ❖ The institution has a “global initiative” plan for offering programs abroad, but the global initiative does not appear to be reflected in the strategic plan. There is mention in the application of accommodating growth of faculty and need for physical resources to accommodate that growth, but the strategic plan does not seem to address that growth.

### **CR 2.7.2 Program Content**

- ❖ The institution should demonstrate that the courses included in this program are consistent with the description and name of the program and that the student learning outcomes reflect the nature of the program.

### **CR 2.7.3 General Education**

- ❖ The institution should list the general education requirements under this requirement and note which courses fall under the humanities/fine arts category, the behavioral/social science category, and the natural science/mathematics category.
- ❖ The AAS in Business does not appear to contain a course in the required humanities/fine arts category. The two composition courses appear to be primarily writing skills courses and would not qualify as the one required course in humanities/fine arts.
- ❖ The institution lists PSY 1106 (Industrial Organizations) as the required social/behavioral science elective, but the course description seems to indicate that this course is narrowly focused on skills, techniques, and procedures specific to a particular occupation or profession.

### **CR 2.8 Faculty**

- ❖ There does not appear to be any narrative or documentation in the application directly and specifically addressing compliance with this Core Requirement. No information was provided concerning duties of full-time faculty members (number of hours/courses assigned, number of advisees, number of committee assignments, etc.). In addition, there was no information concerning faculty at other sites where the institution offers courses/programs. Thus, compliance could not be determined.
- ❖ No faculty members were listed on the rosters as teaching general education courses. Thus, adequacy of full-time faculty in that area could not be determined.
- ❖ The workload summaries for full-time faculty on each campus contain only teaching and preparatory time. The institution should also provide additional information for each full-time

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faculty member concerning the number of advisees assigned to each person and the number of committees the faculty member serves on.

- ❖ There appear to be no full-time faculty assigned to the online program. The institution should demonstrate that there are adequate full-time faculty members for the online program.
- ❖ Considering the expected duties of full-time faculty members and the fact that only four full-time faculty members have no administrative duties in addition to teaching and considering the large number of part-time faculty, some of whom apparently are assigned three or four courses, it is questionable whether the institution has an adequate number of full-time faculty members.
- ❖ There does not appear to be a full-time faculty member teaching psychology, and the institution offers a major in that discipline, nor does there appear to be a full-time faculty member teaching in the business department, although that department offers both the associate and baccalaureate degrees in that discipline.
- ❖ Because of the very large number of part-time faculty members, information should be provided concerning orientation and supervision of part-time faculty and their availability to students.
- ❖ Three of the eight “full-time professors” listed on the website appear to be “full-time administrators” with some teaching responsibilities and should not be considered the equivalent of “full-time faculty” when documenting compliance with this standard.
- ❖ Eighty percent of the courses are taught by part-time faculty. Given this large number of part-time faculty members, the institution should provide information concerning how the part-time faculty members are supervised and involved in curriculum decisions and how students have adequate access to full-time faculty for such activities as advisement and assistance.
- ❖ Several faculty members appear to be assigned significantly heavy loads, well in excess of the institution’s policy that sets 30 contact hours as the maximum. The institution should explain how faculty can carry these heavy teaching loads and still meet the other expectations set for faculty participation in advisement, registration, coordination of internships, co-ops and/or clinical rotations, professional growth and development, curriculum development, committee work, and recruitment.

## **CR 2.9 Learning Resources and Services**

- ❖ It does not appear as though the institution has provided information regarding library resources and services at all the locations identified as teaching sites.
- ❖ A copy of the agreement with the state university library was provided. A chart detailed the compatibility of programs at the two institutions. A fee is charged to students using that library but it is not clear whether the college pays the fee for students or whether students must pay this fee.
- ❖ It would be helpful to know how many students use the library and how many request tutorial sessions.
- ❖ The application lists the total number of volumes in the library and indicates access through Pro Quest and Nexis Lexis, as well. With varied programs (26 undergraduate and 13 graduate), however, it is not clear that the library provides access to adequate resources to support each.

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The institution should provide specific information to document that there are resources to support the specific programs that it offers.

- ❖ The institution should provide evidence that traditional and online students and faculty have adequate access to professional assistance and that the one professional librarian is able to provide orientation and adequately maintain collections and services.
- ❖ The relevance of the holdings at the city's library to the institution's programs should be clearly specified. Indicating that the public library has 130,000 "items" does not establish adequate support for the institution's educational programs.
- ❖ The institution employs one full-time librarian who holds the MLS. Currently, it has advertised for an assistant librarian. An update should be provided concerning whether the position has been filled and if not, how adequate services are being provided to students by only one librarian should be explained.

### **CR 2.10 Student Support Services**

- ❖ The institution should provide information concerning provision of academic support (such as advising and other support such as learning centers and tutoring) to all students, particularly off-site and distance learning students.
- ❖ There do not appear to be remedial or developmental courses offered, and the library section notes that the institution is not equipped to assist students who need remedial help in basic reading, writing, and study skills. There is no reference to assistance for students in the adult degree completion program. The institution should provide information concerning how it provides adequate academic support services for all of its students (traditional, online, degree completion).

### **CR 2.11.1 Financial Resources**

- ❖ The audits provided raise questions that the institution should address in order to document that it "has a sound financial base and demonstrated financial stability to support the mission of the institution and the scope of its programs and services." It is important to provide narrative along with audits to establish compliance. For example, the current ratio of the institution has fluctuated over three years from 1.52 to .97 to 1.03. This variation raises questions concerning adequate operational resources. The institution should provide narrative clarifying the variations. The institution should also explain wide variations in operational cash flows and net tuition revenues.
- ❖ Audit footnotes indicate disputes and litigation with four vendors. While disagreements do occur with vendors from time to time, this level of dispute is somewhat unusual. The institution should provide an explanation concerning these disputes and litigation.
- ❖ Total net assets of the institution fell dramatically during the last fiscal year. It would appear that this extraordinary loss was due to a rise in operational expenses, which increased nearly \$4 million over the previous year. Part of the increase in expenses is explainable due to an accounting adjustment of over \$1 million in post-employment benefits payable. The remaining loss appears to be an operational deficit that the institution should explain. The explanation of the

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decline in total net assets should include detail concerning the increase in operational expenses and indicate how the institution had proper budget controls in place during that fiscal year.

- ❖ The institution failed to provide a separate institutional audit and management letter as required by this Core Requirement and the Accreditation Procedures.
- ❖ Three separate additional organizations are mentioned in the audit related to corporate structures – a holding company, a “penultimate” holding company, and an “ultimate” holding company. It is not clear what liabilities or responsibilities exist between the institution and these three entities. The institution should provide narrative explaining the relationship between the institution and the three entities along with the liabilities and responsibilities that may exist.
- ❖ The audits submitted appear to be audits for the parent company and not separate audits for the institution; the opinion appears to rest with the parent company rather than with the college. The college should provide separate opinioned audits for the college for last three years, the latest being for the most recently completed fiscal year.
- ❖ Pages 2-4 of the FY2009 audit are missing and should be provided.
- ❖ The institution should note that the format of the financial statement audit is somewhat atypical for private institutions in that (1) tuition and fees are not presented net of institutional financial aid and (2) net assets released from restriction for capital use are included with releases for operational use. The institution should make note of this in its narrative under this Core Requirement since these two items could cause an evaluator to make invalid (positive or negative) assumptions about the institution.

### **CR 2.11.2 Physical Resources**

- ❖ Because little information about the teaching sites abroad was provided, it is unclear whether the physical facilities or provision of technology is adequate for the master’s degree programs.
- ❖ The institution should provide information concerning an administrative structure which ensures, monitors, and evaluates provision of adequate resources at each of its teaching sites.

## **Comprehensive Standards**

### **3.3.1.1 Institutional Effectiveness: Educational programs, including student learning outcomes**

- ❖ The institution has appropriately identified educational program learning outcomes, but the assessment of learning outcomes, which relies almost exclusively on “in-class” assessments, has substantial weaknesses. Results in courses do not necessarily provide evidence of achievement of program student learning outcomes. It is almost impossible to determine precisely how the described assessment methods will provide meaningful data relating to the program outcomes being assessed or how the results of the assessment method will guide the program in determining the degree of effectiveness related to the outcome. This is a constant concern across programs. In addition, the institution should also provide examples of changes and improvements resulting from assessment activities.

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- ❖ For Automotive Technology, the expected result for outcomes was listed as completion of task, but there was no indication of the assessment of the quality of the completion of the task. Some expectations for completion (as low as 49%) and proficiency (65% of students at 70% proficiency) appear to be so low as to call into question the meaningfulness of the assessment outcomes and the use of the assessment to improve programs.
  - ❖ IE plans appear to include both outcomes and student learning outcomes for each campus and for the online program; however, there does not seem to be a list of student learning outcomes for each educational program that the institution offers. For the online program, there appears to be only one program-level student learning outcome.
  - ❖ For many of the student learning outcomes at the out of state campuses, it is difficult to determine specific use of results. For example, for many of the outcomes, the use of results reads that findings should be presented to faculty “directing them to pay particular attention to areas of deficiency and ensure that they are reinforced,” but there are no specifics of what the faculty have done and what types of reinforcement the faculty members chose.
  - ❖ While learning outcomes appear to have been assessed in the religion program, there appears to have been little or no assessment for the education and business programs, and various outcomes for the psychology program have not been assessed. The institution should ensure consistency in planning and evaluation among all educational programs.
  - ❖ This assessment process is apparently in its infancy, and there does not appear to be evidence that achievement of student learning outcomes for the educational programs has been assessed or that results have been used for improvement. Furthermore, there is no evidence that the listed assessment strategies are tied to the outcomes.
  - ❖ The student learning outcomes on the matrix in this section differ from the student learning outcomes presented in the catalog for the associate programs.
  - ❖ The institution has provided evidence of learning outcomes for all educational programs referenced in different ways in two documents. It would assist evaluators if the student learning outcomes were clearly listed for each program in one place along with assessment strategies, assessment results, and use of results.
  - ❖ The institution should consider providing a matrix of learning outcomes for the program as a whole to clearly indicate how course assessment ties to program outcomes assessment.

### **3.3.1.2 Institutional Effectiveness: Administrative Support Services**

- ❖ Assessment plans for administrative support services and educational support services appear to be more of a compilation of task lists than assessments related to intended outcomes. It is possible to track whether and when specific tasks were completed, but it is difficult to determine how this data will inform future improvements and changes.
- ❖ There were no outcomes for the President’s Office.
- ❖ The font size on the charts should be increased; currently, the entries are so small that the charts are unreadable.
- ❖ As with the educational programs, some of the “uses of results” were vague and general.

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### 3.3.1.3 Institutional Effectiveness: Educational Support Services

- ❖ Systematic identification of outcomes and assessment by all educational support units was not apparent. There were some reports from various units during the last three academic years, but they vary widely and some units are not included from year to year. Some units have identified meaningful or specific outcomes, and several units have identified only one outcome.
- ❖ While the narrative referenced assessment conducted by the library, there did not appear to be evidence of ongoing identification of outcomes by the library or assessment of those specific outcomes.
- ❖ The institution relies heavily on student ratings to assess its effectiveness in these units and might consider other assessment means, both external and internal, for some of the units.

### 3.3.1.5 Institutional Effectiveness: Community/Public Service

- ❖ The Center for Continuing Studies has a strategic plan, but evidence of systematic identification of outcomes and assessment of those outcomes is not apparent in the application.

## 3.5.1 College-level competencies

- ❖ The institution has identified seven general education competencies that are appropriate to education at the associate degree level; however, the relationships between the assessment methods and the outcomes are not specified. For example, it is unclear how an “oral presentation” in a speech class would allow the institution to assess the degree to which graduates display skill in “information literacy.”
- ❖ The plan for assessing general education outcomes appears to be limited to the grading of student assignments, but the rudimentary assessment matrix does not seem to correlate to the seven intended outcomes. For example, one of the seven outcomes is that students will “understand various political systems,” but nothing in the matrix seems to relate to this outcome.
- ❖ The narrative states that “results indicate that students are successfully grasping the skills necessary to demonstrate critical thinking” and provides as supporting evidence a 96% achievement of a grade point average of 3.7 in one general education course and a 91% achievement of a grade point average of 3.5 in another. It is not clear how GPA reflects critical thinking skills. Furthermore, it is not clear what “96% achievement of a grade point average of 3.7” means. Is this an average of the grades earned by all students taking a particular course?
- ❖ The assessment and identification of achievement of the general education competencies for graduates appear to be in their infancy. The institution should provide additional, updated data to demonstrate that the process is functioning and that specific actions are occurring to address deficiencies.
- ❖ In final projects, the measurement of achievement that 30% will score 85% or better seems to be so low as to lack meaning.
- ❖ Measurement of achievement of the general education competencies rests on the CAAP test and on a student personal assessment survey, both of which have not yet been administered. The institution must document the extent to which graduates have attained these competencies.

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- ❖ Information included under this standard and under CS 3.3.1.1 contains several references to outcomes or competencies for the general education core. Because the outcomes vary considerably in these references, it is difficult to know specifically what the general education competencies are.
  - ❖ The institution is clearly working on establishing a viable planning and evaluation process for its general education program; however, since no data is yet available to document the extent to which graduates have attained the general education competencies, it appears as though the institution is one or two years away from documenting that the process functions systematically and provides data that can be used for improvement.

### 3.7.1 Faculty competence

- ❖ While the following faculty members may be qualified to teach the courses assigned to them, those qualifications are not clear, and the institution should provide additional explanatory information concerning their qualifications.
- ❖ In numerous instances, faculty teaching graduate courses do not hold the terminal degree. If the institution wishes to make its case for those faculty members' qualifications to teach graduate courses, it should do so, specifically relating the other qualifications to the courses that the faculty members teach.
- ❖ There were no course names provided for any of the Management courses listed for any faculty members teaching in that discipline. Thus, qualifications could not be determined.
- ❖ Since the institution has identified various teaching sites, the faculty teaching at those sites need to be included on the Faculty Roster along with their qualifications to teach the assigned courses.
- ❖ In the electronic version under 3.7.1, there should be a link to the faculty roster documenting qualifications of faculty. The information on the electronic version under 3.7.1 appears to be information for Core Requirement 2.8.
- ❖ Since there was no explanation concerning the level (graduate, undergraduate, developmental) of the courses listed on the faculty roster, it was difficult to evaluate the appropriateness of the faculty credentials and assess the qualifications of many of the faculty.
- ❖ The rosters submitted for the various departments reveal that large numbers of faculty members teaching at the baccalaureate level hold only the bachelor's degree. The institution should note that even if these faculty members held additional significant qualifications, such a large number of faculty members holding only the bachelor's degree would be a significant concern, such that it would be unlikely that the institution could be found in compliance with this standard. In many instances, the baccalaureate degree held by the faculty member does not appear to relate to the discipline of the courses assigned. This, of course, is also a concern.
- ❖ The rosters submitted for the various departments reveal large numbers of graduate faculty who do not hold the terminal degree in the discipline. The institution should note that such a large number of faculty members teaching graduate courses and holding only the master's degree would be of significant concern and make it unlikely that the institution would be considered in compliance with this standard.

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## Federal Requirements

### 4.1 Student achievement

- ❖ No documentation was provided to demonstrate “success with respect to student achievement.”
- ❖ The institution acknowledges that retention is a problem; however it does not indicate what it is doing to improve the rate. Furthermore, none of the charts provide statistics later than 2004. The institution should provide up-to-date evidence of ongoing evaluation of success with respect to course and/or program completion and job placement rates.
- ❖ The institution should note that grades in courses generally are not considered to be sufficient assessment means in addressing compliance with this standard.
- ❖ The application contains a transcript of a hearing for a student complaint in Appendix A, but that appendix does not contain the written complaint nor other evidence that the institution’s procedure for processing student complaints was followed. The institution should provide evidence that all steps in the procedure for submitting written student complaints were followed. Names should be deleted to ensure the privacy of the student.
- ❖ It appears that for some complaints, students are directed to file complaints with the registrar, but there do not appear to be specific procedures relative to what happens after a complaint is lodged with the registrar.
- ❖ The policies for addressing written student complaints are clearly provided. The institution has described examples of written student complaints that have followed the policies and procedures. It should also provide the documents that were part of the processing of the complaint; names and other identifying information may be removed.
- ❖ The example provided is not an example of a written student complaint that followed the documented process. Instead, it is an inquiry by students and a response by the institution.

### 4.6 Recruitment materials

- ❖ Some of the information in the marketing materials provided conflicts with information elsewhere in the application and on the website. The institution should ensure that all information provided is consistent and accurate.

## Substantive change

- ❖ Board minutes included with the application refer to plans for three additional campuses. Establishing a new campus would constitute a substantive change and could result in the institution’s having to begin the application process anew.
- ❖ The Application notes that the institution is approved to launch a BS in Audio Production. The institution is reminded that no substantive change may occur during the process from application to membership. Should the institution desire to implement this program, it should first seek a determination concerning whether adding the BS in Audio Production would be considered substantive or not.

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## Appendix I-3

### Part B: Compliance Components To Address

Separate compliance components that constitute discrete issues to be addressed in developing a convincing argument for compliance in Part B of the Application for Membership are underlined for each applicable requirement and standard. A narrative that addresses and documents some, but not all, of the compliance components is incomplete.

**Suggestions:** The “suggestions” provided below are guides to developing and documenting a narration that thoroughly addresses these compliance components.

**Reminders:** “Reminders” to link to related sections of Part A are provided, as appropriate.

**Excerpts citing noncompliance:** The “excerpts” are provided to assist Applicants and Candidates in identifying typical shortcomings in the narratives and documentation presented in support of an institution’s assertion of compliance; taken from reports developed by SACSCOC review committees, these excerpts are all part of some committee’s explanation of its finding of noncompliance.

#### Core Requirements:

- 2.1 The institution has degree-granting authority from the appropriate government agency or agencies. (**Degree-granting Authority**)

*Suggestion:* Explain exemptions or unusual circumstances concerning approval.

*Suggestion:* Remember to include approvals in foreign countries, if appropriate.

*Suggestion:* If the expiration date on a letter or document signed by the appropriate agency or agencies is approaching, explain the status of the institution’s bid for renewal.

- 2.2 The institution has a governing board of at least five members that is the legal body with specific authority over the institution.

The board is an active policy-making body for the institution and is ultimately responsible for ensuring that the financial resources of the institution are adequate to provide a sound educational program.

The board is not controlled by a minority of board members or by organizations or interests separate from it.

Both the presiding officer of the board and a majority of other voting members of the board are free of any contractual, employment, or personal or familial financial interest in the institution.

*Suggestion:* Describe the means by which the board ensures that financial resources are adequate to provide a sound educational program.

**Suggestion:** Create a table that indicates for each board member whether or not that individual has a contractual, employment, personal, or familial financial relationship with the institution; provide details of those relationships.

**Excerpt citing noncompliance:** “Due to the role of the Congregation in the governance of the institution, the possibility of control by a minority of the Board and by a separate entity arises. Furthermore, an apparent contractual or employment interest by the Chairman of the Board of Directors is not in compliance with this Core Requirement.”

*[Notice that the remainder of this standard is applicable ONLY to military institutions.]*

A military institution authorized and operated by the federal government to award degrees has a public board on which both the presiding officer and a majority of the other members are neither civilian employees of the military nor active/retired military. The board has broad and significant influence upon the institution’s programs and operations, plays an active role in policy-making, and ensures that the financial resources of the institution are used to provide a sound educational program. The board is not controlled by a minority of board members or by organizations or interests separate from the board except as specified by the authorizing legislation. Both the presiding officer of the board and a majority of other voting board members are free of any contractual, employment, or personal or familial financial interest in the institution. **(Governing Board)**

- 2.3 The institution has a chief executive officer whose primary responsibility is to the institution and who is not the presiding officer of the board. **(Chief Executive Officer)**
- 2.4 The institution has a clearly defined, comprehensive, and published mission statement that is specific to the institution and appropriate for higher education.

The mission addresses teaching and learning and, where applicable, research and public service. **(Institutional Mission)**

**Excerpt citing noncompliance:** “Approved by the Board in July 2009, the mission presents a well-articulated statement that outlines institutional philosophy and aspirations, emphasizes unique characteristics of the institution, and appropriately addresses major functions. The components of the mission are operationally defined through strategic goals and corresponding objectives in the strategic plan. It is the old mission statement, however, that is published in the catalog, fact book, faculty/staff handbook, and strategic plan and is posted on the website.”

- 2.5 The institution engages in ongoing, integrated, and institution-wide research-based planning and evaluation processes that
- (1) incorporate a systematic review of institutional mission, goals, and outcomes;
  - (2) result in continuing improvement in institutional quality; and
  - (3) demonstrate the institution is effectively accomplishing its mission. **(Institutional Effectiveness)**

**Suggestion:** At a minimum (1) describe the planning process used at the institutional level (including a list of persons and/or committees which play key roles in the process), (2) describe the process by which institutional goals and objectives are set, reviewed, and modified, and (3) identify who is responsible for setting and modifying institutional goals. Provide a timeline by which the above occurs, the plans (such as a strategic plan) that have been developed, and the full complement of institution-wide goals/objectives, assessment results, and improvements resulting from the analysis of assessment results. Describe how the planning and evaluation process informs budgeting decisions.

**Excerpt citing noncompliance:** “Much of the institution’s narrative focuses on the historical struggle of the institution in attempting to understand and train employees on the role of institutional effectiveness in its operation. The narrative indicates that a consultant had been hired to assist in the review of the mission statement and development of the strategic plan. A sample template of a tracking sheet for institutional goals was provided as documentation, but there was only one document offered from the admissions office that showed actual results of one goal for the BBA program for 2008-2009. Further, the institution provided no evidence that the institutional planning and evaluation process is incorporated into the budget process.”

2.6 The institution is in operation and has students enrolled in degree programs. **(Continuous Operation)**

**Suggestion:** Provide a list of programs and the number of students enrolled in each.

**Reminder:** Ensure that enrollment data presented in Part A of the Application for Membership has been appropriately woven into the narrative developed for this Core Requirement. Cross-reference as appropriate.

2.7.1 The institution offers one or more degree programs based on at least 60 semester credit hours or the equivalent at the associate level; at least 120 semester credit hours or the equivalent at the baccalaureate level; or at least 30 semester credit hours or the equivalent at the post-baccalaureate, graduate, or professional level.

*[Notice that the remaining portions of this standard apply only under certain circumstances; consequently, they do not need to be addressed by all institutions.]*

**IF** an institution uses a unit other than semester credit hours, it provides an explanation for the equivalency.

The institution also provides a justification for all degrees that include fewer than the required number of semester credit hours or its equivalent unit. **(Program Length)**

2.7.2 The institution offers degree programs that embody a coherent course of study that is compatible with its stated mission and is based upon fields of study appropriate to higher education. **(Program Content)**

**Reminder:** Ensure that the list of programs presented in Part A of the Application for Membership has been appropriately woven into the narrative developed for this Core Requirement. Cross-reference as appropriate.

**Excerpt citing noncompliance:** “While the programs listed throughout the two catalogs are compatible with the stated mission, the Off-Site Committee found it difficult to determine exactly which programs are being offered based on the evidence provided in the Compliance Document. For example, the chart in CS 2.7.2 lists programs similar to those listed on page 55 of the catalog. However, it does not list all of them and it does list what appears to be a major, teacher education, termed elementary education in the catalog. Further, elementary education is not listed as an available major in the catalog on page 55.”

2.7.3 In each undergraduate degree program, the institution requires the successful completion of a general education component at the collegiate level that

- (1) is a substantial component of each undergraduate degree,
- (2) ensures breadth of knowledge, and
- (3) is based on a coherent rationale.

For degree completion in associate programs, the component constitutes a minimum of 15 semester hours or the equivalent; for baccalaureate programs, a minimum of 30 semester hours or the equivalent.

These credit hours are to be drawn from and include at least one course from each of the following areas: humanities/fine arts; social/behavioral sciences; and natural science/mathematics.

**Suggestion:** Create a table listing each degree program and the required general education course that satisfies the requirement for each of the three categories.

**Suggestion:** Ensure that the humanities course is “pure” humanities. For purposes of meeting this standard, courses in basic composition that do not contain a literature component, courses in oral communication, and introductory foreign language courses are viewed as skills courses, not as “pure” humanities courses. Examples of “pure” humanities courses include literature, philosophy, art appreciation or art history, music appreciation or music history, and, at some institutions, history courses.

The courses do not narrowly focus on those skills, techniques, and procedures specific to a particular occupation or profession.

*[Notice that the remaining portions of this standard apply only under certain circumstances; consequently, they do not need to be addressed by all institutions.]*

**IF** an institution uses a unit other than semester credit hours, it provides an explanation for the equivalency.

The institution also provides a justification if it allows for fewer than the required number of semester credit hours or its equivalent unit of general education courses. (**General Education**)

**Excerpt citing noncompliance:** “The Associate of Science and Associate of General Studies curricula require students to take three semester hours in the humanities and three semester hours in the fine arts. Most AAS programs, on the other hand, require only three semester hours in the humanities. Students may choose from a list of humanities courses that include offerings in foreign language and communications. According to the interpretation of Core Requirement 2.7.3 adopted by the SACS-COC Board of Trustees, such classes are skill courses and not pure humanities offerings. Furthermore, contrary to the institution’s stated core curriculum requirements for AAS programs, the Criminal Justice Administration curricula includes no humanities elective, while the Aviation Maintenance Technology program requires neither a humanities nor a fine arts course.”

- 2.7.4 The institution provides instruction for all course work required for at least one degree program at each level at which it awards degrees.

*[Notice that the remaining portion of this standard applies only to institutions that do NOT teach all of the coursework for at least one degree program at a particular level (associate, baccalaureate, master’s, specialist, doctoral), institutions such as those that teach only the upper-level courses for the baccalaureate program.]*

**IF** the institution does not provide instruction for all such course work and (1) makes arrangements for some instruction to be provided by other accredited institutions or entities through contracts or consortia or (2) uses some other alternative approach to meeting this requirement, the alternative approach must be approved by the Commission on Colleges. In both cases, the institution demonstrates that it controls all aspects of its educational program. (See Commission policy “Core Requirement 2.7.4: Documenting an Alternate Approach.”) **(Coursework for Degrees)**

**Suggestion:** If applicable, provide copies of contracts and consortia agreements along with a description of all of the coursework provided by other organizations or institutions and evidence of internal control over the quality of instruction.

**Suggestion:** When requesting approval for an alternative approach, address **all** of the issues identified in Commission policy “Core Requirement 2.7.4: Documenting an Alternate Approach.”

*[This is NOT the place for a general discussion of all instruction offered through contracts or consortia. That discussion belongs in CS 3.4.7 (Consortial relationships/contractual agreements), which is NOT included in the Application for Membership. The only contracts or consortia to be discussed here are those used by institutions to enable students to fulfill degree requirements for the level(s) at which they do not provide all of the instruction for at least one degree.]*

- 2.8 The number of full-time faculty members is adequate to support the mission of the institution and to ensure the quality and integrity of its academic programs.

**Reminder:** Ensure that information about full-time faculty presented in Part A of the Application for Membership has been appropriately woven into the narrative developed for this Core Requirement. Cross-reference as appropriate.

**Suggestion:** Define “full-time” faculty. Remember that a full-time administrator who teaches a class or two is not considered to be a full-time faculty member.

**Suggestion:** List the expectations of the institution concerning duties of full time faculty. For example, what are the expected teaching loads? What are other expected duties, such as advising, committee service, directing of theses and dissertations, etc.?

**Suggestion:** Provide information for specific faculty members to include for specific terms the teaching load and, where applicable, advising loads, committee assignments, and other expected duties.

**Excerpt citing noncompliance:** “ The number of faculty and the faculty/student ratios appear to be sufficient in most programs. The number of hours assigned to individual faculty persons also appears to be appropriate, generally 12 to 15 per term. However, several programs appear to have few or no full time faculty involved in the program.”

Upon application for candidacy, an applicant institution demonstrates that it meets the comprehensive standard for faculty qualifications. **(Faculty)**

- 2.9 The institution, through ownership or formal arrangements or agreements, provides and supports student and faculty access and user privileges to adequate library collections and services and to other learning/information resources consistent with the degrees offered.

Collections, resources, and services are sufficient to support all its educational, research, and public service programs. **(Learning Resources and Services)**

**Suggestion:** Do more than simply list resources; relate resources (on campus or off campus, paper or electronic) to the educational programs offered.

**Suggestion:** Cross-reference assessment results in 3.3.1.3 to support access to adequate collections and services.

**Reminder:** Ensure that information about learning resources and services presented in Part A of the Application for Membership has been appropriately woven into the narrative developed for this Core Requirement. Cross-reference as appropriate.

**Excerpt citing noncompliance:** “ The institution does not provide enough information to assess its compliance with this Core Requirement. No collections budget information is provided. No collection usage information is provided. No peer comparison information is provided for collections. No assessment data is provided in regards to the quality or quantity of the collections. No examples are provided that match collections to the curriculum. The institution provides no information of the its service offerings or indications of service usage.”

- 2.10 The institution provides student support programs, services, and activities consistent with its mission that promote student learning and enhance the development of its students. **(Student Support Services)**

**Suggestion:** Cross-reference assessment results in 3.3.1.3 to support promoting student learning and enhancing the development of students.

**Suggestion:** Be certain to provide information concerning academic support services as well as other types of student support services.

**Reminder:** Ensure that information about student support services presented in Part A of the Application for Membership has been appropriately woven into the narrative developed for this Core Requirement. Cross-reference as appropriate.

**Excerpt citing noncompliance:** “The Compliance Certification lists and describes most of the traditional essential student services including academic advising, tutorial services, judicial affairs, career services, counseling services, disability student services, health services, international and minority student services, housing and residential life, and the university center and student activities. However, evidence that the programs listed are both consistent with the mission and promote student learning and student is lacking.”

2.11.1 The institution has a sound financial base and demonstrated financial stability to support the mission of the institution and the scope of its programs and services.

**Suggestion:** Develop a coherent narrative that presents a picture of adequate and stable financial support. Do not rely solely on the audited statements to create that image for the reader. The institution must provide evidence in its narrative that it is financially healthy and stable. Requirements for financial documents appear in the Accreditation Procedures for Applicant Institutions and are excerpted below.

Audit requirements for applicant institutions may be found in the Commission policy “Accreditation Procedures for Applicant Institutions.” (**Financial Resources**)

*[Note concerning documentation of compliance with CR 2.11.1 from the policy “Accreditation Procedures for Applicant Institutions:”*

*“...an institution must include with its application separate institutional audits and management letters for its three most recent fiscal years, including that for the fiscal year ending immediately prior to the date of submission of the application.*

*The institution also must provide with the application an annual budget that is preceded by sound planning, is subject to sound fiscal procedures, and is approved by the governing board, and a schedule of changes in unrestricted net assets, excluding plant and plant related debt (short and long term debt attached to physical assets).*

*Further, the institution must provide a separate audit and management letter for the most recent fiscal year ending prior to any committee for Candidacy, Candidacy renewal, or Initial Membership.*

*All audits must be conducted by independent certified public accountants or an appropriate governmental auditing agency.*

*An applicant or Candidate institution must not show an annual or cumulative operating deficit at any time during the application process or at any time during Candidacy.”]*

**Reminder:** Confirm that information about finances presented in Part A of the Application for Membership has been appropriately woven into the narrative developed for this Core Requirement. Cross-reference as appropriate.

**Excerpt citing noncompliance:** “A separate audit and management letter for the institution as a separate entity is required.”

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2.11.2 The institution has adequate physical resources to support the mission of the institution and the scope of its programs and services. **(Physical Resources)**

**Reminder:** *Confirm that information about physical resources presented in Part A of the Application for Membership has been appropriately woven into the narrative developed for this Core Requirement. Cross-reference as appropriate.*

**Suggestion:** *Ensure that the narrative and documentation address all physical resources used by the institution, not just those owned by the institution.*

## Comprehensive Standards:

3.3.1 The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in each of the following areas **(Institutional Effectiveness)**:

**Suggestion:** *Cross-reference the narrative and documentation developed for CR 2.5 as appropriate. Note, however, that CR 2.5 refers to planning and evaluation for the over-all institution, while CS 3.1.1 refers to educational programs and other units at the institution.*

3.3.1.1 educational programs, to include student learning outcomes

**Suggestion:** *Ensure that data displays address all locations and both traditional and electronic delivery.*

**Suggestion:** *Ensure that there is evidence of review of both the education program itself and of the student learning outcomes for each educational program.*

**Suggestion:** *Ensure that goals/objectives and data gathered are meaningful.*

**Excerpt citing noncompliance:** *“In most reports, assessment results are presented in very general terms – ‘Students in most cases do well on their methodology and analysis courses.’ Area reports do not typically provide evidence of the analysis of assessment results to inform plans for improvement.”*

3.3.1.2 administrative support services

**Suggestion:** *Create meaningful goals/objectives, not simple “to do” lists.*

**Excerpt citing noncompliance:** *“Because the reviewed administrative support units did not list outcomes or intended effects of the activities facilitated by the units, it was not possible to confirm that the institution identifies expected outcomes for its administrative support units or assesses the extent to which it achieves expected outcomes.”*

3.3.1.3 educational support services

**Excerpt citing noncompliance:** “The institution provided few examples of implemented and planned changes; however, the institution did not provide sufficient evidence of specific documented improvements in the educational support services based on analysis of the specific assessment results.”

*[Notice that 3.3.1.4 and 3.3.1.5 do not need to be addressed by all institutions.]*

3.3.1.4 research within its educational mission, if appropriate

**Excerpt citing noncompliance:** “Both research units identified three objectives, which are essentially unit activities. Expected outcomes (benefits for campus constituencies) are not identified.”

3.3.1.5 community/public service within its educational mission, if appropriate

**Excerpt citing noncompliance:** “Although it is evident that in recent years the institution has made some progress in developing an assessment program in public service/outreach units, evidence provided in the Compliance Certification indicates that implementation of the institution’s assessment requirements is uneven across the programs. Furthermore, information in section four of the institution’s assessment report (‘Describe how assessment results were used to improve the unit’) is frequently vague and/or refers to future actions. The institution simply did not provide sufficient evidence of improvement based on analysis of the results.”

3.5.1 The institution identifies college-level general education competencies and the extent to which graduates have attained them. (**College-level competencies**)

**Suggestion:** Since this standard focuses on attainment of competencies by “graduates,” take pains to ensure that the narrative and documentation move beyond measures of the performance of “students enrolled” in general education courses.

**Excerpt citing noncompliance:** “The information provided did not include adequate direct measures related to the extent to which graduates have attained the nine college-level competencies listed in the catalog.”

3.7.1 The institution employs competent faculty members qualified to accomplish the mission and goals of the institution.

When determining acceptable qualifications of its faculty, an institution gives primary consideration to the highest earned degree in the discipline.

The institution also considers competence, effectiveness, and capacity, including, as appropriate, undergraduate and graduate degrees, related work experiences in the field,

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professional licensure and certifications, honors and awards, continuous documented excellence in teaching, or other demonstrated competencies and achievements that contribute to effective teaching and student learning outcomes.

**Suggestion:** *Ensure that the qualifications are directly and specifically linked to the courses assigned to the faculty member.*

For all cases, the institution is responsible for justifying and documenting the qualifications of its faculty. (See Commission guidelines “Faculty Credentials.”) **(Faculty competence)**

**Suggestion:** *Support justifications of faculty qualifications and experience through third-party documentation, such as transcripts and letters of recommendation, rather than relying on faculty-generated documents, such as resumes and personal websites. However, do not include transcripts or letters of recommendation with the Application for Membership.*

**Suggestion:** *When developing justifications for faculty whose expertise derives from personal/professional experience rather than from degrees earned, use the compliance components provided in the standard as appropriate for competence, effectiveness, and capacity as the organizing principle for presenting the documentation.*

**Excerpt citing noncompliance:** *“The faculty roster was found to be incomplete. In some cases, courses taught were missing; in others, the academic degrees of the faculty member were not presented. Lacking a complete faculty profile, the Committee was unable to determine the competency of thirteen faculty members.”*

## Federal Requirements:

- 4.1 The institution evaluates success with respect to student achievement, including as appropriate, consideration of course completion, state licensing examinations and job placement rates. **(Student achievement)**

**Suggestion:** *These indicators should have already been addressed under CR 2.5 (Institutional Effectiveness), CS 3.3.1.1 (Institutional Effectiveness: Educational programs, to include student learning outcomes) and/or CS 3.5.1 (College-level competencies). Cross-reference to data previously presented and/or create a brief summary table for FR 4.1.*

**Excerpt citing noncompliance:** *“The Compliance Certification provides longitudinal data on the completion rates of graduates; however, it does not provide longitudinal data on the job placement rates of graduates, nor does it document the claim that almost all graduates are employed in the Bible translation profession.”*

- 4.2 The institution’s curriculum is directly related and appropriate to the purpose and goals of the institution and the diplomas, certificates or degrees awarded. **(Program curriculum)**

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4.3 The institution makes available to students and the public current academic calendars, grading policies, and refund policies. (**Publication of policies**)

4.4 Program length is appropriate for each of the institution’s educational programs. (**Program length**)

***Suggestion:** Build upon the narrative and documentation developed for CR 2.7.1 (Program Length). Cross-reference as appropriate.*

4.5 The institution has adequate procedures for addressing written student complaints and is responsible for demonstrating that it follows those procedures when resolving student complaints. (See Commission policy “Complaint Procedures for the Commission or its Accredited Institutions.”) (**Student complaints**)

***Suggestion:** Include an example of an actual complaint (with personal information blacked out) followed by the policy and procedure for written student complaints.*

***Suggestion:** If the institution has multiple complaint procedures for varying types of complaints, consider providing an illustration of the handling and resolution of a case of each type.*

***Excerpt citing noncompliance:** “While the institution does adequately demonstrate that it has procedures in place for handling student complaints, it does not demonstrate in the Compliance Certification that it follows those procedures. Evidence of disciplinary reports is provided, but only the number of reports is presented, not documentation of implementation of the prescribed procedures.*

4.6 Recruitment materials and presentations accurately represent the institution’s practices and policies. (**Recruitment materials**)

***Excerpt citing noncompliance:** “The institution described a variety of recruitment materials but did not provide samples of these materials for review.”*

4.7 The institution is in compliance with its program responsibilities under Title IV of the 1998 Higher Education Amendments. (In reviewing the institution’s compliance with these program responsibilities, the Commission relies on documentation forwarded to it by the U.S. Secretary of Education.) (**Title IV program responsibilities**)

***Excerpt citing noncompliance:** “During the period of FY 2005 through FY2009, Single Audit Reports reflected approximately \$682,000 in Questioned Costs associated with Student Financial Aid programs.”*

## Appendix I-4

### Standards that Cross-Reference Commission Policies

Application	Compliance Certification	Standard /Topic	Cross-referenced Policy
▲	▲	2.3 Chief Executive Officer	<i>Core Requirement 2.3: Documenting an Alternative Approach</i>
▲	▲	2.7.4 Course Work for Degrees	<i>Core Requirement 2.7.4: Documenting an Alternative Approach</i>
	▲	3.4 Educational Programs	<i>Distance and Correspondence Education</i>
	▲	3.4.4 Acceptance of Academic Credit	<i>The Transfer or Transcribing of Academic Credit has been replaced by Collaborative Academic Arrangements</i>
	▲	3.5.2 Institutional credits for a degree	<i>The Transfer or Transcribing of Academic Credit has been replaced by Collaborative Academic Arrangements</i>
	▲	3.6.3 Institutional credits for a degree	<i>The Transfer or Transcribing of Academic Credit has been replaced by Collaborative Academic Arrangements</i>
	▲	3.12 Substantive change procedures	<i>Substantive Change for Accredited Institutions</i>
	▲	3.13 Commission policies	<i>All current Commission policies</i>
▲	▲	4.5 Student complaints	<i>Complaint Procedures against the Commission or its Accredited Institutions</i>

## Appendix I-5

### Summary Table of Required Narration and Documentation Specified for Part B in the Application for Membership

*The “minimum” narration and documentation specified below should be presented within the context of (1) the characteristics of a well-written Application for Membership as described in Part II of this handbook and (2) the Key Issues identified above in Appendix I-2.*

		<b>Minimum Narration/Documentation Specified</b>
<b>Degree-granting Authority</b>	CR 2.1	<ul style="list-style-type: none"> <li>➤ Charter or letter of authorization</li> </ul>
<b>Governing Board</b>	CR 2.2	<ul style="list-style-type: none"> <li>➤ For each Board member, (a) name, address, place of employment, term of office, compensation (if applicable); (b) designation if an institutional employee; (c) designation of contractual/personal/familial financial interest</li> <li>➤ Bylaws</li> <li>➤ Articles of incorporation (if applicable)</li> <li>➤ Board rules and policies</li> <li>➤ Meeting minutes for the past two years</li> </ul>
<b>Chief Executive Officer</b>	CR 2.3	<ul style="list-style-type: none"> <li>➤ CEO’s name and title</li> <li>➤ CEO’s position description</li> <li>➤ Other employment duties/responsibilities (if applicable)</li> <li>➤ Administrative policy manual</li> </ul>
<b>Institutional Mission</b>	CR 2.4	<ul style="list-style-type: none"> <li>➤ <b>Narrative:</b> Description of its development, approval, and review</li> <li>➤ Mission statement as presented in the catalog</li> <li>➤ List of institutional publications that include the mission</li> </ul>
<b>Institutional Effectiveness / Student achievement</b>	CR 2.5	<ul style="list-style-type: none"> <li>➤ <b>Narrative:</b> Description of comprehensive planning and evaluation processes (including linkage with budget development)</li> <li>➤ <b>Narrative:</b> Description of the research component</li> <li>➤ Evidence of the implementation of the process, assessment and analysis of results, and demonstration that mission is being accomplished</li> </ul>

	CR 2.5 con't	<ul style="list-style-type: none"> <li>➤ Identification of individual responsible for IE</li> <li>➤ Time line for the planning and evaluation process</li> <li>➤ Master/strategic plan, institutional goals, relation to institutional mission</li> <li>➤ Master plan for upkeep of property</li> <li>➤ Comprehensive safety plan</li> <li>➤ Current facilities master plan</li> <li>➤ Financial plan</li> </ul>
	CS 3.3.1	<ul style="list-style-type: none"> <li>➤ Goals/objectives (outcomes) for all educational programs, both administrative and academic support units, research (if applicable) and community service (if applicable), including student learning outcomes for each educational program</li> <li>➤ Evidence of assessment of each and use of assessment results to improve</li> </ul>
	FR 4.1	<ul style="list-style-type: none"> <li>➤ Data displaying student success (course completion, performance on licensing exams or state board exams, job placement, transfer student achievement, admission to graduate school), as applicable</li> <li>➤ <b>Cross-references</b> to applicable data included in the narrative and/or documentation for CR 2.5, CS 3.3.1, or CS 3.5.1</li> </ul>
<b>Continuous Operation</b>	CR 2.6	<ul style="list-style-type: none"> <li>➤ List of programs and number enrolled in each</li> </ul>
<b>Program Length</b>	CR 2.7.1	<ul style="list-style-type: none"> <li>➤ <b>Narrative:</b> Justification/rationale, if applicable</li> <li>➤ Table of number of hours required for degree programs</li> </ul>
	FR 4.4	<ul style="list-style-type: none"> <li>➤ <b>Narrative:</b> Describe appropriateness of length of degree programs</li> <li>➤ <b>Cross-references</b> to relevant data in included in the narrative and/or documentation for CR 2.7.1</li> </ul>
<b>Program Content</b>	CR 2.7.2	<ul style="list-style-type: none"> <li>➤ <b>Narrative:</b> Demonstration that programs are appropriate to the institution's mission</li> </ul>
<b>General Education / College-level competencies</b>	CR 2.7.3	<ul style="list-style-type: none"> <li>➤ <b>Narrative:</b> Description of the general education component, including number of hours required</li> <li>➤ <b>Narrative:</b> Presentation of coherent rationale for the general education component</li> <li>➤ List of courses in the required general education core</li> </ul>

	CR 2.7.3 con't	➤ Table displaying at least one course in each of the three categories for each educational program
	CS 3.5.1	➤ List of the established general education competencies ➤ Evidence that graduates have attained them
<b>Course Work for Degrees</b>	CR 2.7.4	➤ <b>Narrative:</b> Justification for alternative approach – in accord with the requirements presented in <i>Core Requirement 2.7.4: Documenting an Alternative Approach</i> – if applicable
<b>Faculty</b>	CR 2.8	➤ <b>Narrative:</b> Justification that the number of full-time faculty is adequate to provide programs and services ➤ For full-time faculty, number of courses assigned per term, expected advising duties, expected committee service, responsibilities for curriculum/program review, etc. ➤ List of full-time faculty and their loads ➤ Current schedule of classes (including names of faculty teaching the courses)
<b>Faculty competence</b>	CS 3.7.1	➤ Faculty rosters ( <b>Cross-references</b> to documentation presented in Part A)
<b>Learning Resources and Services</b>	CR 2.9	➤ Contracts with entities providing library services ( <b>Cross-references</b> to documentation presented in Part A) ➤ Evidence that resources available on-site or through contracts or electronic access are sufficient to support the programs offered (cross-reference to Part A) ➤ Evidence of instructing students how to access/use materials
<b>Student Support Services</b>	CR 2.10	➤ List of academic support programs (across locations and delivery systems) ➤ List of other student support programs (across locations and delivery systems) ➤ List of student activities, including athletic programs ➤ Student handbook ➤ Organizational chart for Student Support Services
<b>Financial Resources</b>	CR 2.11.1	➤ <b>Narrative:</b> Justification of the financial health and stability of the institution with reference to its ability to provide adequate faculty, learning resources, student support, and physical facilities for the programs and services it offers.

	CR 2.11.1 con't	<ul style="list-style-type: none"> <li>➤ Audit and management letters for the three most recent fiscal years, including the year ending immediately prior to submitting the application</li> <li>➤ <b>Cross-references</b> to documentation presented in Part A (sources and percentages of revenues during the past three years; operating expenses during the past three years, including expenditures in auxiliary enterprises and other operations</li> <li>➤ Assets and liabilities during the last three years</li> <li>➤ Schedule of fund balances for the past three years</li> <li>➤ For proprietary institutions – statements describing the amount of net worth or equity and the amount of net income for the past three years</li> </ul>
<b>Physical Resources</b>	CR 2.11.2	<ul style="list-style-type: none"> <li>➤ <b>Narrative:</b> Description of the adequacy of physical resources to support programs and services with <b>cross-references</b> to documentation presented in Part A</li> </ul>
<b>Program curriculum</b>	FR 4.2	<ul style="list-style-type: none"> <li>➤ <b>Narrative:</b> Description of how the institution's curriculum links to its mission</li> </ul>
<b>Publication of policies</b>	FR 4.3	<ul style="list-style-type: none"> <li>➤ All relevant publications, with academic calendars, grading policies, and refund policies marked</li> </ul>
<b>Student complaints</b>	FR 4.5	<ul style="list-style-type: none"> <li>➤ Policies/procedures for addressing student complaints</li> <li>➤ Example of a complaint demonstrating that the institution follows its procedures; remove the names of the individuals involved in the grievance</li> </ul>
<b>Recruitment materials</b>	FR 4.6	<ul style="list-style-type: none"> <li>➤ <b>Narrative:</b> Explanation of how the materials and presentation accurately represent institutional practices and policies</li> <li>➤ Recruitment materials</li> <li>➤ Recruitment presentation</li> </ul>
<b>Title IV program responsibilities</b>	FR 4.7	<ul style="list-style-type: none"> <li>➤ Most recent financial aid audit</li> <li>➤ Letters within the last two years reflecting issues of non-compliance</li> </ul>

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## Appendix I-6

### Sample Action Letter: Candidacy Committee Visit Authorized

Dear [CEO]:

The following action regarding your institution was taken at the **[date]** meeting of the Board of Trustees of SACS Commission on Colleges:

The Commission on Colleges authorized a Candidacy Committee to visit the institution to verify compliance with Core Requirements 2.1-2.11, Comprehensive Standards 3.3.1, 3.5.1, 3.7.1, and Federal Requirements 4.1-4.7.

During its visit, the Candidacy Committee will review the information submitted in the institution's updated application and any additional materials that Committee members may request. They will then write a report for review by the appropriate Committee on Compliance and Reports for the purpose of determining whether Candidacy should be granted. Your institution will have an opportunity to respond to the report. That report, and any response that you choose to make will be forwarded for action to the next meeting of the Board of Trustees of the Commission on Colleges subsequent to the visit.

You will be asked to send to each Committee member a copy of your updated application approximately four weeks prior to the Candidacy Committee visit. Please note that you should provide to the Committee the audit and management letter for the most recently completed fiscal year prior to the Committee visit. In addition, documentation relative to compliance with the designated Core Requirements, Comprehensive Standards, and Federal Requirements should be available to Committee members on campus.

Dr. **[name]** has now been assigned as the staff member who will work with your institution through this process. She will contact you to discuss a time for the Candidacy Committee visit and will accompany the Committee during the visit.

The Accreditation Procedures indicate that institutions authorized to receive a Candidacy Committee visit will receive that visit within twelve months and thus you can expect that your institution will be on the agenda of the Committee on Compliance and Reports for consideration of Candidacy no later than **[date]**. When the Committee can be scheduled will be dependent upon Dr. **[name]**'s travel schedule over the next several months.

By separate mailing, you will receive an invoice from the Business Office for the Candidacy Fee of \$2500. This fee covers costs associated with staff involvement in the accreditation process and in the assembling of the Candidacy Committee. In addition, all expenses of the Candidacy Committee visit are borne by the institution.

If you have any questions regarding any aspect of the policies and procedures related to the accreditation process or regarding the Candidacy Committee visit, please don't hesitate to

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call upon Dr. **[name]**. We wish you continued success as you work to achieve membership status with the Commission on Colleges.

Sincerely,

President  
Commission on Colleges

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## Appendix I-7

### Sample Action Letter for SACSCOC Member Campus Seeking Separate Accreditation: Accreditation Committee Visit Authorized

Dear [CEO]:

After review of the application and supplemental information submitted by your institution seeking separate accreditation with the Southern Association of Colleges and Schools Commission on Colleges, I am pleased to authorize an Accreditation Committee to visit the **[name of institution]**. Your institution is now requested to complete a Compliance Certification documenting compliance with Core Requirements 2.1-2.11 (applicant institutions do not respond to Core Requirement 2.12) and the Comprehensive Standards (including the Federal Requirements) of *The Principles of Accreditation*.

**[name]** has now been assigned as the staff representative to work with you through the remainder of this process. She will contact you to discuss visiting your institution to conduct a staff advisory visit related to completion of the Compliance Certification. She will also work with you to set a date for the Accreditation Committee visit and will accompany the Committee during its visit. The visit should occur so that your institution will be considered for membership no later than the **[date]** meeting of the Commission. All costs of the Accreditation Committee visit are borne by the institution.

Using the Compliance Certification and any additional materials that they may request, Accreditation Committee members will evaluate and verify compliance with *The Principles of Accreditation*. The Committee will then write a report for review by the appropriate Committee on Compliance and Reports and the Commission Board of Trustees for the purpose of determining whether membership should be granted.

Please note that you should have available for the Accreditation Committee a separate audit and management letter for the most recently completed fiscal year prior to the visit in addition to faculty credentialing files for all faculty. Those files should contain documentation of academic preparation, professional and/or work experience, and any other factors used to establish qualifications of faculty to teach the courses assigned to them.

Prior to the staff advisory visit by **[name]**, please provide her with the names of the Accreditation Liaison and members of the Leadership Team responsible for completion of the Compliance Certification. The Accreditation Liaison, normally someone other than the chief executive officer, is a person who ensures timely submission of materials requested by the Commission and, along with the chief executive officer, is responsible for the accuracy of all information submitted to the Commission and for ensuring ongoing compliance at the institution.

The Leadership Team normally manages and validates the internal institutional assessment of compliance with Core Requirements 2.1-2.11, the Comprehensive Standards, and the

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Federal Requirements. The team should include individuals who have the skills, knowledge, and authority to lead this effort. The team should not be large, but its membership might typically include the chief executive officer, the chief academic officer, the accreditation liaison, and a representative faculty member.

If you have questions regarding any aspect of the policies and procedures related to the accreditation process or regarding the Accreditation Committee visit, please don't hesitate to call or email **[name]**. Her email address is **[email address]** and her telephone number is 404-679-4501, **[ext.]**.

We wish you continued success as you work to achieve separate membership status with the Commission on Colleges.

Sincerely,

President  
Commission on Colleges

## Appendix II - 1

### Distribution Matrix for Materials -- *Electronic Submission*

Document	Candidacy Committee	Commission staff member	Accreditation Committee
<b>Updated Application for Membership</b>	1 copy to each member	1 paper copy	
<b>Compliance Certification with supporting documentation</b>		2 copies	1 copy to each member
<b>Instruction Sheet for Accessing Materials</b>	1 copy to each member	2 copies	1 copy to each member
<b>Catalog(s)</b>	1 copy to each member	2 copies	1 copy to each member
<b>Institutional Summary Form</b>	1 copy to each member	2 copies	1 copy to each member
<b>Organization chart</b>	1 copy to each member	2 copies	1 copy to each member
<b>Signed Compliance Certification (narratives, no supporting documentation)</b>		1 paper copy	
<b>Most recent audit and management letter</b>	1 paper copy to the chair 1 paper copy to the finance evaluator	2 paper copies	1 paper copy to the chair 1 paper copy to the finance evaluator

## Appendix II - 2

### Distribution Matrix for Materials -- *Paper Submission*

Document	Candidacy Committee	Commission staff member	Accreditation Committee
<b>Application for Membership</b>	1 copy to each member	1 paper copy	
<b>Compliance Certification with supporting documentation</b>		2 copies	1 copy to each member
<b>Catalog(s)</b>	1 copy to each member	2 copies	1 copy to each member
<b>Institutional Summary Form</b>	1 copy to each member	2 copies	1 copy to each member
<b>Organization chart</b>	1 copy to each member	2 copies	1 copy to each member
<b>Signed Compliance Certification (narratives, no supporting documentation)</b>		1 copy	
<b>Most recent audit and management letter</b>	1 copy to the chair 1 copy to the finance evaluator	2 copies	1 copy to the chair 1 copy to the finance evaluator

## Appendix II-3

### The Report of the Candidacy Committee: Sample Narratives from Part II (Assessment of Compliance) and Part III (Observations and Comments)

#### Part II (Assessment of Compliance)

The narratives for **Part II** evaluate the institution's compliance with the requisite standards and conclude with a declaration of the Candidacy Committee's finding. That declaration takes one of the following forms --

**Compliance:** *It is the consensus of the Committee that the institution is in compliance with Core Requirement 2.9.*

**Non-Compliance:** *Due to [identification of missing documentation], it is the consensus of the Committee that the institution is not in compliance with Federal Requirement 4.7.*

#### Sample Narrative: Compliance with CR 2.10

**2.10** *The institution provides student support programs, services, and activities consistent with its mission that promote student learning and enhance the development of its students (Student Support Services)*

[Name] provides student support programs, services and activities for its students. These programs, services, and activities are either directed on campus by the staff or facilitated through off campus arrangements located close by the College. Information about these services, programs, and activities are provided during the initial orientation program as well as provided on the website and in the College Catalog/Handbook for reference throughout the year.

Core service, programs, and activities such as tutoring, personal and academic advisement, career services and placement, assistance with finding housing, enrollment management and financial aid counseling, and related activities are provided on campus. Health services, personal counseling, dining, and transportation are coordinated through off campus arrangements. Safety and security is provided to the campus through an external source. Social and study spaces are provided in the College's facilities and seem to meet the needs of the current student body.

The recent change from "Student Life/Services" to "Career Services and Student Life" has brought more focus to the programs and services provided to the students. Given the mission of the College and the needs of its student body, the changes made in this area seem very useful. The programs and services provided in this area were well received by students during interviews with them.

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The services provided through off-campus arrangements (e.g. health wellness services, personal counseling, and food service), while minimal, seem adequate at this time. The College has a contract with Wackenhut for unarmed, uniformed, upscale security.

A Student Government Association has been formed and elected its officers. Interviews along with evidence presented during the site visit indicate that these services, programs, and activities support the College's mission and promote student learning and development.

**It is the consensus of the Committee that the institution is in compliance with Core Requirement 2.10.**

### **Sample Narrative: Non-Compliance with CR 2.7.3**

**2.73** *In each undergraduate degree program, the institution requires the successful completion of a general education component at the collegiate level that (1) is a substantial component of each undergraduate degree, (2) ensures breadth of knowledge, and (3) is based on a coherent rationale. For degree completion in associate programs, the component constitutes a minimum of 15 semester hours or the equivalent; for baccalaureate programs, a minimum of 30 semester hours or the equivalent. These credit hours are to be drawn from and include at least one course from each of the following areas: humanities/fine arts, social/behavioral sciences, and natural science/mathematics. The courses do not narrowly focus on those skills, techniques, and procedures specific to a particular occupation or profession. If an institution uses a unit other than semester credit hours, it provides an explanation for the equivalency. The institution also provides a justification if it allows for fewer than the required number of semester credit hours or its equivalent unit of general education courses. (General Education)*

The College's literature documents the importance and breadth of the general education core relative to student's academic achievement. The curricula include courses in general education that are collegiate, embody critical thinking, and emphasize the attainment of knowledge and skills appropriate for the program goal. State Policy IV. D. (Institutional, General Program and Program Specific Standards) establishes program standards for general education. The faculty provides input to general education outcomes through internal College committee meetings, statewide peer group meetings and development of course syllabi. In the college's associate of applied science degrees, the General Education courses are listed as "General Core Courses" with course prefix, number, title, and quarter hours required. The range of "General Core Course" credit hours in the associate of applied science degrees includes a minimum of 25 quarter hours with some degrees requiring 45-46 quarter hours. The college's health science programs, such as Clinical Laboratory Technology Degree, specify a greater number of general core credits because of the number of science courses required. Thus, all of the associate of applied science degree programs require the minimum number of general education credit hours.

In the catalog and on the College's website, for each degree program, the general education core courses listed precede the listing of the programs "Occupational Courses." Each core listing includes an English course requirement and a mathematics course(s). The humanities/fine arts course selections are denoted on the website under the program's "General Education Core Courses" with a "click here" link providing the user with a group listing for English/Humanities/Fine Arts. This listing generally includes four to five courses, depending upon the program.

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In the catalog and on the website, for each degree program, the reader can access the “Degree Level Social/Behavioral Science” course listing. The Social/Behavioral Science course listing includes Economics and Psychology courses. English (ENG) 1105 Technical Communications and SPC 1101 Public Speaking are also included under this same listing of Social/Behavioral Sciences. The descriptions in the catalog for ENG 1105 and SPC 1101 and their course objectives were reviewed for course content. Topics identified in the course description for ENG 1105 include reference use and research, device and process description, formal technical report writing, business correspondence, technical report presentation, and technical communications techniques, procedures, and reporting formats. The four course objectives for SPC 1101 are selection and organization of materials, preparation and delivery of individual and group presentations, analysis of ideas presented by others, and professionalism. Neither ENG 1105 nor SPC 1101 contains content typical of the social/behavioral science courses.

**Due to the listing of ENG 1105 and SPC 1101 as Social/Behavioral Science options, it is the consensus of the Committee that the institution is not in compliance with Core Requirement 2.7.3.**

### **Part III (Observations and Comments)**

*Part III of the Report of the Candidacy Committee provides both validations of institutional strengths and consultative advice on quality enhancement and/or on preparing the Compliance Certification for the Accreditation Committee.*

#### **Sample Entries: Validations of Strengths**

- The opportunity to take higher-level classes related to “critical theory” of art and culture is rare in a small career-oriented arts college.
- Staff displayed a good understanding of how the Annual Plan ties to the mission and the mission ties to the Strategic Plan.
- The College’s involvement in economic development and workforce training activities was very impressive.

#### **Sample Entries: Consultative Advice for Quality Enhancement**

- The institution may not desire to add staff or expand direct services on its campus at this time; nonetheless, the areas of personal counseling, health, and wellness could benefit from more definitive arrangements with local agencies. Such specific arrangements would allow for improved communication among faculty, staff, and students regarding these services. Well-informed communication would assist in directing students to particular opportunities. Creating an institutional plan of action to respond to student crisis in these service areas would enhance support for students and assist staff and faculty with responding to situations when they arise.
- The institution may want to consider purchasing a small safe for the off-campus sites to temporarily hold student receipts collected between weekly courier pickups.

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- Identification of expectations for success is a best practice for a quality assessment programs. Therefore, the Committee encourages the institution to set success goals for future assessment cycles.

### **Sample Entries: Consultative Advice on Preparing the Compliance Certification**

- When preparing the Compliance Certification, the institution might consider developing a more structured and succinct narrative for 2.5. A brief overview of the broad processes, along with just a few examples to show how that process results in continuing improvement and demonstrates that the institution is accomplishing its mission, might help the evaluator to understand the institutional practices more clearly. Details and additional examples could be located in supporting documents to which the reader could refer for additional details. Some examples might be more helpful to the reader if located in the 3.3.1 sections. One possibility for providing more structure for the external evaluator would be to organize the narrative around the institution's regular schedule of assessment activities.
- The work of evaluators will be streamlined if the Compliance Certification takes the reader directly to the supporting information that is most relevant. For instance, on page 8 of the update to the Application, there are several paragraphs discussing Annual Evaluation Reports prepared by all operational units and assessments of each long-range goal prepared by the Planning and Assessment Committee. At that point, provide links to the precise locations in the supporting documents where the reader can see examples of these reports and assessments.
- The institution could strengthen compliance with Core Requirement 2.9 by maintaining usage statistics and instructional statistics with comparison to other similar institutions chosen for benchmark purposes and to internal historic data.

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## Appendix II-4

### Sample Action Letter: Candidacy Status Granted

Dear [CEO]:

The following action regarding your institution was taken at the **[date]** meeting of the Board of Trustees of SACS Commission on Colleges:

The Commission on Colleges granted Candidacy and authorized the institution to complete a Compliance Certification and receive an Accreditation Committee visit within two years. Candidacy is effective **[date]**. An institution may remain in Candidacy status for a maximum of four years, renewable at the two-year period.

Please consult with your staff member, Dr. **[name]**, to schedule a staff advisory visit to your institution at a mutually convenient time to provide an orientation to the process and to discuss various other aspects of the policies, procedures, and expectations of the Commission on Colleges, including the scheduling of a date for the Accreditation Committee visit.

The following materials are being sent to you by separate mailing.

*The Principles of Accreditation* (10 copies)  
*The Handbook for Institutions Seeking Initial Accreditation* (10 copies)  
Compliance Certification (1 copy)

Please be advised as well that an electronic copy of the Compliance Certification and other forms may be found at [www.sacscoc.org](http://www.sacscoc.org).

Candidate and member institutions are assessed annual dues. You will receive an invoice from our business office for dues for your institution.

If you have questions regarding any aspect of the Commission's policies and procedures relating to the accreditation process, please direct them to Dr. **[name]**, who will be happy to assist you. We congratulate you on achieving Candidacy status and wish you success as you begin the Compliance Certification process.

Sincerely,

President  
Commission on Colleges

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## Appendix II-5

### Sample Action Letter: Candidacy Status Denied

Dear [CEO]:

The following action regarding your institution was taken at the **[date]** meeting of the Board of Trustees of SACS Commission on Colleges:

The Commission on Colleges denied authorization of a Candidacy Committee for failure to comply with the following Core Requirement and Comprehensive Standards:

**CR 2.11.1 (Financial Resources)**

The institution failed to.... **[This entry describes weaknesses in the institution's documentation.]**

**CS 3.3.1.1 (Institutional Effectiveness: Educational Programs)**

The assessment of student learning outcomes has substantial weaknesses that.... **[This entry describes weaknesses in the institution's documentation.]**

**CS 3.3.1.2 (Institutional Effectiveness: Administrative Support Services) and CS 3.3.1.3 (Institutional Effectiveness: Educational Support Services)**

Because the assessment plans for administrative support services and educational support services are .... **[This entry describes weaknesses in the institution's documentation.]**

We appreciate your continued support of the activities of the Commission on Colleges. If you have questions, please contact the staff member assigned to your institution.

Sincerely,

President  
Commission on Colleges

## Appendix III-1

### Comprehensive Standards: Compliance Components to Address in the Compliance Certification

*[Compliance Components for the Core Requirements, Federal Requirements, and Comprehensive Standards 3.3.1, 3.5.1, and 3.7.1 are displayed in Appendix I-2.]*

Separate compliance components that constitute discrete issues to be addressed in developing a convincing argument for compliance in the Compliance Certification are underlined for each applicable requirement and standard. A narrative that addresses and documents some, but not all, of the compliance components is incomplete.

**Suggestions:** The “suggestions” provided below are guides to developing and documenting a narration that thoroughly addresses these compliance components.

**Reminders:** “Reminders” to link to related other sections of the Compliance Certification are provided, as appropriate.

**Excerpts citing noncompliance:** The “excerpts” are provided to assist Candidates in identifying typical shortcomings in the narratives and documentation presented in support of an institution’s assertion of compliance; taken from reports developed by SACSCOC review committees, these excerpts are all part of some committee’s explanation of its finding of noncompliance.

### 3.1 Institutional Mission

- 3.1.1 The mission statement is current and comprehensive, accurately guides the institution’s operation, is periodically reviewed and updated, is approved by the governing board, and is communicated to the institution’s constituencies. (**Mission**)

**Suggestion:** *Take the time to confirm that all publications that contain the mission statement provide the current wording.*

**Suggestion:** *If planning and evaluation documents presented in CR 2.5 and/or CS 3.3.1 are linked to elements of the mission, cross-reference them here in support of the mission’s role in guiding the institution’s operations.*

**Excerpt citing noncompliance:** *“The institution did not provide evidence that the mission guides the institution’s operation. To demonstrate the role of the mission in making operational and academic planning decisions and allocating resources, the institution might provide evidence such as criteria for program review and approval, strategic planning documents, budget request procedures and forms, and minutes of curriculum and budget committees.”*

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## 3.2 Governance and Administration

- 3.2.1 The governing board of the institution is responsible for the selection and the periodic evaluation of the chief executive officer. **(CEO evaluation/selection)**

***Suggestion:** Consider providing indirect documentation of the CEO’s evaluation through references to Board minutes.*

***Excerpt citing noncompliance:** “The Bylaws of the institution lack clarity regarding the authority, responsibilities, and roles of the religious order, the Chairman of the Board, and the Board of Trustees in the selection of the President. The College has not provided clear evidence that the Board selects the President of the institution.”*

- 3.2.2 The legal authority and operating control of the institution are clearly defined for the following areas within the institution’s governance structure. **(Governing board control)**

3.2.2.1 institution’s mission;

3.2.2.2 fiscal stability of the institution

3.2.2.3 institutional policy, including policies concerning related and affiliated corporate entities and all auxiliary services; and

***Excerpt citing noncompliance:** “The Committee has determined that the institution is not in compliance with CS 3.2.2.3 inasmuch as the authority over significant institutional policies is held by the religious order rather than by the Board of Trustees.”*

3.2.2.4 related foundations (athletic, research, etc.) and other corporate entities whose primary purpose is to support the institution and/or its programs.

***Suggestion:** Provide mission statements for the foundations and entities in 3.2.2.4.*

*[Institutions should describe their relationships with state boards, system boards, and parent corporations, as appropriate.]*

***Excerpt citing noncompliance:** “Although the institution has no foundations, two entities are identified as providing support to the institution: the Alumni Association and the Athletic Fund. The Compliance Certification did not provide adequate information concerning legal authority and operating control over these two organizations.”*

- 3.2.3 The board has a policy addressing conflict of interest for its members. **(Board conflict of interest)**

*For four standards – CS 3.2.3 (Board conflict of interest), CS 3.2.5 (Board dismissal), CS 3.7.5 (Faculty role in governance), and FR 4.5 (Student complaints) – institutions must explicitly document implementation and enforcement of the required policy in addition to publication.*

**Excerpt citing noncompliance:** “The Board of Directors approved a Conflict of Interest Policy that appropriately defines and addresses conflicts of interest for directors and executive administrators. Directors and executive administrators must complete and sign an “Annual Employee and Board Member Conflict of Interest Disclosure Form” and an “IRS Form 990 Annual Disclosure Questionnaire” annually. A newly established Conflict of Interest Committee manages the process for the Board of Directors (Bylaws, Article VI, Section 8). The narrative of the Compliance Certification indicates that signed examples of the two forms are provided as evidence of implementation, but the linked document did not include those signed forms.”

- 3.2.4 The governing board is free from undue influence from political, religious, or other external bodies and protects the institution from such influence. **(External influence)**

**Excerpt citing noncompliance:** “The Bylaws of the Board of Trustees give the religious order what appears to be undue influence, if not controlling or governing powers, over the Board, including the appointment and removal of Board members, the selection or dismissal of the President, the approval of capital and operating budgets, the approval of the institution’s strategic and long-range plans, and the approval of policies to meet the institution’s annual and long-range objectives and plans (Article II, Section 2).”

- 3.2.5 The governing board has a policy whereby members can be dismissed only for appropriate reasons and by a fair process. **(Board dismissal)**

*For four standards – CS 3.2.3 (Board conflict of interest), CS 3.2.5 (Board dismissal), CS 3.7.5 (Faculty role in governance), and FR 4.5 (Student complaints) – institutions must explicitly document implementation and enforcement of the required policy in addition to publication.*

*[SACSCOC expects that “appropriate reasons” be identified and that the “fair process” be fully described.]*

**Excerpt citing noncompliance:** “Policy regarding the dismissal of members of the Board is stated in one sentence in the Bylaws. The Compliance Certification states that the Conflict of Interest Policy could apply, but that policy does not address dismissal of a Board member. The possible reasons for dismissal are not stated, nor is the process for dismissal provided. Therefore, without a more definitive dismissal policy, the Committee has determined that the institution is not in compliance with this Comprehensive Standard.”

- 3.2.6 There is a clear and appropriate distinction, in writing and practice, between the policy-making functions of the governing board and the responsibility of the administration and faculty to administer and implement policy. **(Board/administration distinction)**
- 3.2.7 The institution has a clearly defined and published organizational structure that delineates responsibility for the administration of policies. **(Organizational structure)**
- 3.2.8 The institution has qualified administrative and academic officers with the experience, competence, and capacity to lead the institution. **(Qualified administrative/academic officers)**

**Suggestion:** Prepare a roster of qualifications of administrative and academic officers (i.e., members of the president’s cabinet) that is similar to the one prescribed for faculty qualifications. Where academic credentials and previous experience do not reflect a typical alignment with the current position, justify the appointment.

**Excerpt citing noncompliance:** “Narrative summaries of administrative and academic officers’ education and experience are provided in the Compliance Certification, but documentation of qualifications and previous experience is not provided for every officer. Hence, it is not possible to determine whether all academic and administrative officers have the experience and competence one would expect for their respective areas of responsibility.”

- 3.2.9 The institution defines and publishes policies regarding appointment and employment of faculty and staff. **(Faculty/staff appointment)**

*For all standards that require a policy, institutions must document publication of the policy in appropriate institutional documents.*

- 3.2.10 The institution evaluates the effectiveness of its administrators on a periodic basis. **(Administrative staff evaluations)**

**Excerpt citing noncompliance:** “The Compliance Certification does not provide any evidence that the institution is actually evaluating administrative staff. The narrative describes an evaluation process but does not offer any examples of how the process has been applied.”

- 3.2.11 The institution’s chief executive officer has ultimate responsibility for, and exercises appropriate administrative and fiscal control over, the institution’s intercollegiate athletics program. **(Control of intercollegiate athletics)**

**Suggestion:** Attack this standard from both sides. From the CEO’s perspective, use the job description, calendar of meetings, and record of actions to show “responsibility” and “control.” From the intercollegiate athletics perspective, use job descriptions, budgeting processes, and policies/procedures to show the flow through the CEO.

*[Institutions that do not have intercollegiate athletics should mark this standard “Not applicable.”]*

- 3.2.12 The institution’s chief executive officer controls the institution’s fund-raising activities exclusive of institution-related foundations that are independent and separately incorporated. **(Fund-raising activities)**

**Excerpt citing noncompliance:** “According to the “Solicitation Policy,” all solicitations for money or other gifts for the institution require the prior approval of both the President of the institution and the Executive Director of the Foundation for Excellence in Education. In addition, the President of the College and the Vice President of Institutional Advancement must approve all solicitation materials in association with the Executive Director. The President’s control in both of those instances is shared with Foundation for Excellence in Education, effectively giving the foundation a veto power that could limit the President’s authority.”

3.2.13 Any institution-related foundation not controlled by the institution has a contractual or other formal agreement that

- (1) accurately describes the relationship between the institution and the foundation and
- (2) describes any liability associated with that relationship.

In all cases, the institution ensures that the relationship is consistent with its mission.  
**(Institution-related foundations)**

*[Institutions that do not have related foundations should mark this standard “Not applicable.”]*

**Excerpt citing noncompliance:** “The institution has described in considerable detail grants received from its two related foundations and has fully disclosed the nature of those grants. The Compliance Certification, however, has neither described nor documented the contractual relationship and possible liabilities involved in the relationship between the foundations and the institution.”

3.2.14 The institution’s policies are clear concerning ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property.

These policies apply to students, faculty, and staff. **(Intellectual property rights)**

*For all standards that require a policy, institutions must document publication of the policy in appropriate institutional documents.*

**Excerpt citing noncompliance:** “The Compliance Certification does not address how the policy is disseminated to students.”

### **3.4 Educational Programs: all Educational Programs (includes all on-campus, off-campus, and distance learning programs and course work) (See Commission policy “Distance and Correspondence Education.”)**

3.4.1 The institution demonstrates that each educational program for which academic credit is awarded is approved by the faculty and the administration. **(Academic program approval)**

3.4.2 The institution’s continuing education, outreach, and service programs are consistent with the institution’s mission. **(Continuing education/service programs)**

3.4.3 The institution publishes admissions policies that are consistent with its mission.  
**(Admissions policies)**

3.4.4 The institution has a defined and published policy for evaluating, awarding, and accepting credit for transfer, experiential learning, advanced placement, and professional certificates

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that is consistent with its mission and ensures that course work and learning outcomes are at the collegiate level and comparable to the institution’s own degree programs.

*For all standards that require a policy, institutions must document publication of the policy in appropriate institutional documents.*

The institution assumes responsibility for the academic quality of any course work or credit recorded on the institution’s transcript. (See Commission policy “*The Transfer or Transcribing of Academic Credit*.”) (**Acceptance of academic credit**)

*[Commission policy “The Transfer or Transcribing of Academic Credit” has been replaced by “Collaborative Academic Arrangements.”]*

- 3.4.5 The institution publishes academic policies that adhere to principles of good educational practice.

These are disseminated to students, faculty, and other interested parties through publications that accurately represent the programs and services of the institution. (**Academic policies**)

*For all standards that require a policy, institutions must document publication of the policy in appropriate institutional documents.*

- 3.4.6 The institution employs sound and acceptable practices for determining the amount and level of credit awarded for courses, regardless of format or mode of delivery. (**Practices for awarding credit**)

- 3.4.7 The institution ensures the quality of educational programs and courses offered through consortial relationships or contractual agreements,

ensures ongoing compliance with the comprehensive requirements,

and evaluates the consortial relationship and/or agreement against the purpose of the institution. (**Consortial relationships/contractual agreements**)

*[Institutions that do not have consortial relationships or contractual agreements for educational courses or programs should mark this standard “Not applicable.”]*

**Excerpt citing noncompliance:** “Because the institution did not provide the actual memoranda of agreement with the two universities, it was not possible for the Committee to conclude that the institution ensures the quality of the programs offered through these agreements.”

- 3.4.8 The institution awards academic credit for course work taken on a noncredit basis only when there is documentation that the non-credit course work is equivalent to a designated credit experience. (**Noncredit to credit**)

*[“Not applicable” is not an adequate response; institutions that do not award credit for noncredit work should identify the policy, procedure, or catalog statement that establishes this position.]*

3.4.9 The institution provides appropriate academic support services. **(Academic support services)**

3.4.10 The institution places primary responsibility for the content, quality, and effectiveness of the curriculum with its faculty. **(Responsibility for curriculum)**

***Excerpt citing noncompliance:** “Review of the Bill of Collective Rights, the Constitution and Bylaws of the Faculty Senate, and the Curriculum Committee’s Policies and Procedures Manual confirms that faculty hold authority and are primarily responsible for the content, quality, and effectiveness of the curriculum, limited only by state rules and regulations. A few key councils and committees comprised of designated representatives, including the Undergraduate Council, the Graduate Council, and the University Curriculum Committee, provide oversight of curriculum content, make decisions about new programs and areas of study, conduct program reviews and terminate programs. In addition, policy denotes that faculty in departments and programs are responsible for program assessment and review for the use of results from assessment to improve student learning at the course and program level. Yet there is insufficient evidence in the Compliance Certification to demonstrate the implementation of these policies on either the institution-wide or unit level.”*

3.4.11 For each major in a degree program, the institution assigns responsibility for program coordination, as well as for curriculum development and review, to persons academically qualified in the field.

In those degree programs for which the institution does not identify a major, this requirement applies to a curricular area or concentration. **(Academic program coordination)**

***Excerpt citing noncompliance:** “The institution provided a Division Chairs and Coordinators Roster to demonstrate that program coordination as well as curriculum development and review are assigned to persons academically qualified in field; however, the institution did not provide any evidence to demonstrate that these persons are qualified.”*

3.4.12 The institution’s use of technology enhances student learning and is appropriate for meeting the objectives of its programs.

Students have access to and training in the use of technology. **(Technology use)**

***Excerpt citing noncompliance:** “The institution presented insufficient details about its use of instructional technology. For example, it did not specify the number and types of labs available, the extent of its wireless network, or the prevalence of Blackboard usage. Furthermore, the Compliance Certification failed to address technology training available to students or provide any surveys or assessment data alluding to student access to and training in the use of technology.”*

### 3.5 Educational Programs: Undergraduate Programs

*[Institutions that do not offer undergraduate programs should mark these standards “Not applicable.”]*

- 3.5.2 At least 25 percent of the credit hours required for the degree are earned through instruction offered by the institution awarding the degree.

*[Notice that the remaining portion of this standard applies only under certain circumstances; consequently, it does not need to be addressed by all institutions.]*

IN THE CASE OF undergraduate degree programs offered through joint, cooperative, or consortia arrangements, the student earns 25 percent of the credits required for the degree through instruction offered by the participating institutions. (See Commission policy “*The Transfer or Transcribing of Academic Credit*.”) (**Institutional credits for a degree**)

*[Commission policy “The Transfer or Transcribing of Academic Credit” has been replaced by “Collaborative Academic Arrangements.”]*

- 3.5.3 The institution defines and publishes requirements for its undergraduate programs, including its general education components.

These requirements conform to commonly accepted standards and practices for degree programs. (**Undergraduate program requirements**)

- 3.5.4 At least 25 percent of the discipline course hours in each major at the baccalaureate level are taught by faculty members holding the terminal degree – usually the earned doctorate – in the discipline, or the equivalent of the terminal degree. (**Terminal degrees of faculty**)

*Excerpt citing noncompliance: “The Compliance Certification does not provide sufficient documentation to determine the percentages of courses taught by an terminally-credentialed faculty members in the field because the discipline areas of those teaching with earned doctorates are not provided. Care should be taken to detail the credentials of those who teach in each major of both the traditional program and the adult studies program.”*

### 3.6 Educational Programs: Graduate and Post-Baccalaureate Professional Programs

- 3.6.1 The institution’s post-baccalaureate professional degree programs, master’s, and doctoral degree programs, are progressively more advanced in academic content than its undergraduate programs. (**Post-baccalaureate program rigor**)

*Excerpt citing noncompliance: “The table of Program Outcomes by Level defines the expectations for each program at the baccalaureate, master’s, and doctoral level. When undergraduate outcomes are compared with graduate outcomes, the graduate outcomes are more advanced and rigorous in their academic concepts and learning experiences. However, only two course syllabi were provided to validate the implementation of these delineated outcomes.”*

3.6.2 The institution structures its graduate curricula

- (1) to include knowledge of the literature of the discipline and
- (2) to ensure ongoing student engagement in research and/or appropriate professional practice and training experiences. **(Graduate curriculum)**

3.6.3 The majority of credits toward a graduate or a post-baccalaureate professional degree are earned through instruction offered by the institution awarding the degree.

***Excerpt citing noncompliance:** “The institution has a policy on the maximum number of transfer hours allowed for a master’s degree (6 semester hours), but a similar policy that states a maximum for the doctoral degree was not provided. Even though the institution’s regulations for the doctoral degree state that students are expected to complete all coursework at the university, there is a provision for exceptions to be granted. When such exceptions are granted, there is no accompanying statement that indicates that the majority of the credit must be earned at the institution.”*

*[Notice that the remaining portion of this standard applies only under certain circumstances; consequently, it does not need to be addressed by all institutions.]*

In the case of graduate and post-baccalaureate professional degree programs offered through joint, cooperative, or consortial arrangements, the student earns a majority of credits through instruction offered by the participating institutions. (See Commission policy “The Transfer or Transcribing of Academic Credit.”) **(Institutional credits for a degree)**

*[Commission policy “The Transfer or Transcribing of Academic Credit” has been replaced by “Collaborative Academic Arrangements.”]*

3.6.4 The institution defines and publishes requirements for its graduate and post-baccalaureate professional programs.

These requirements conform to commonly accepted standards and practices for degree programs. **(Post-baccalaureate program requirements)**

### 3.7 Faculty

3.7.2 The institution regularly evaluates the effectiveness of each faculty member in accord with published criteria, regardless of contractual or tenured status. **(Faculty evaluation)**

***Suggestion:** To protect the privacy of the faculty involved, remove the names of faculty members whose evaluations are submitted as documentation of compliance.*

***Suggestion:** Provide a representative sample of evaluations from across the disciplines and across the spectrum of evaluative comments.*

**Excerpt citing noncompliance:** “The full-time faculty evaluation system appears to be well developed. The evaluation processes for adjunct faculty and for adult studies faculty, however, do not appear to be definitive, for the Compliance Certification observes that faculty in these categories are “usually” evaluated every two years.”

- 3.7.3 The institution provides ongoing professional development of faculty as teachers, scholars, and practioners. **(Faculty development)**

**Suggestion:** *In addition to identifying opportunities for professional development, also document participation.*

**Excerpt citing noncompliance:** “The institution provides faculty development through support for faculty to attend conferences and make presentations and releases faculty to serve as consultants and trainers for various agencies. However, the Compliance Certification does not address broad-based opportunities for faculty professional development as teachers, scholars, and practitioners. The identified budgetary allocations are specific to successful scholarly activities and do not address the overall professional development needs of the faculty, such as pedagogical improvement, bolstering weak research areas, and exploration of cognate disciplines that might complement expertise.”

- 3.7.4 The institution ensures adequate procedures for safeguarding and protecting academic freedom. **(Academic freedom)**

**For all standards that require a procedure, institutions must document publication of the procedure in appropriate institutional documents.**

**Excerpt citing noncompliance:** “The institution’s Handbook of Policies and Procedures for Faculty and Staff clearly and narrowly defines the boundaries within which faculty and students are free to think, conduct research, and explore ideas. However, the institution’s published statements regarding academic freedom do not refer to any established procedures for protecting or safeguarding the freedom of inquiry that is granted.”

- 3.7.5 The institution publishes policies on the responsibility and authority of faculty in academic and governance matters. **(Faculty role in governance)**

**For four standards – CS 3.2.3 (Board conflict of interest), CS 3.2.5 (Board dismissal), CS 3.7.5 (Faculty role in governance), and FR 4.5 (Student complaints) – institutions must explicitly document implementation and enforcement of the required policy in addition to publication.**

## 3.8 Library and Other Learning Resources

- 3.8.1 The institution provides facilities and learning/information resources that are appropriate to support its teaching, research, and service mission. **(Learning/information resources)**

**[Notice that this standard is not precisely the same as CR 2.9. CR 2.9 focuses on resources that are “sufficient” for supporting all “educational, research, and public service programs;” CS**

3.8.1 addresses resources that are “appropriate” for supporting the “teaching, research, and service mission.”]

**Suggestion:** Recast the CR 2.9 narrative about having “enough” library resources to support the institution’s educational, research, and public service programs to focus on how that adequate array of resources is “right” for the institution and provides a “proper” mix of resources to support the teaching, research, and service. Cross-reference the documentation in CR 2.9, as appropriate.

**Excerpt citing noncompliance:** “The Compliance Certification does not provide enough information on facilities to determine appropriateness. Missing are floor plans, square footage allocations, and a description of age and condition.”

3.8.2 The institution ensures that users have access to regular and timely instruction in the use of the library and other learning/information resources. (**Instruction of library use**)

**Suggestion:** Cross-reference documentation presented in CS 3.3.1.3 concerning the effectiveness of instruction in the use of library and learning/information resources.)

**Excerpt citing noncompliance:** “Although the institution described its library orientation program, specific details such as statistics on program usage (number of classes taught, number of students reached, breakdown of classes by department) and assessment data evaluating the program were not presented.”

3.8.3 The institution provides a sufficient number of qualified staff – with appropriate education or experiences in library and/or other learning/information resources – to accomplish the mission of the institution. (**Qualified staff**)

**Suggestion:** Prepare a roster of library/learning resources staff similar to the faculty roster prepared for CS 3.7.1.

**Excerpt citing noncompliance:** “Two full time MLS qualified librarians, 1.5 FTE library assistants and one library evening coordinator (FTE not given) staff the library, which also employs an unknown number of student workers to round out its staffing needs. The library is open approximately fifty hours per week, including a three-hour shift on Sundays. There is no indication of how these hours are staffed, i.e. whether there is a professional on duty at all times or at what time and for how long the evening coordinator works. What are the specific duties assigned to each employee including student workers? The library also provides sixty Information Literacy instruction sessions each term and works with faculty to encourage participation in the IL program. Librarians also appear to be faculty members and serve on committees, which takes additional time away from their being in the library.”

## 3.9 Student Affairs and Services

3.9.1 The institution publishes a clear and appropriate statement of student rights and responsibilities

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and disseminates the statement to the campus community. **(Student rights)**

3.9.2 The institution protects the security, confidentiality, and integrity of student records

*[This standard applies to all types of student records, not just the transcripts typically managed by the registrar's office.]*

and maintains special security measures to protect and back up data. **(Student records)**

**Excerpt citing noncompliance:** “The Compliance Certification defines the purpose of FERPA, identifies offices that are likely to hold student records, defines ‘directory information,’ and references where confidentiality issues are described in institutional publications. It does not, however, state what specific safeguards or procedures are in place to protect student records and data.”

3.9.3 The institution employs qualified personnel to ensure the quality and effectiveness of its student affairs programs. **(Qualified staff)**

**Suggestion:** Prepare a roster of student affairs staff similar to the faculty roster prepared for CS 3.7.1.

**Suggestion:** Cross-reference documentation presented in CS 3.3.1.3 concerning the effectiveness of student affairs programs.

**Excerpt citing noncompliance:** “The various student services positions detailed in the table provided by the institution are mostly documented as qualified by education and/or experience to have the competence and capacity to perform their duties. One employee, however, a Financial Aid Counselor, is listed as having only a Diploma in Cosmetology; other qualifications for this particular individual were not provided. Furthermore, it is not clear whether the Director or other staff in the Counseling Center are licensed mental health providers qualified to offer the individual and group counseling provided there.”

## 3.10 Financial Resources

3.10.1 The institution’s recent financial history demonstrates financial stability. **(Financial stability)**

*[Provide figures for a minimum of three years.]*

**Suggestion:** Cross-reference CR 2.6, as appropriate.

3.10.2 The institution provides financial profile information on an annual basis and other measures of financial health as requested by the Commission.

*[This standard refers to (1) the annual Profile for Financial Information submitted to the Commission on Colleges each July by Candidate and Member institutions and to (2) other formal requests for financial information, typically through Monitoring Reports stemming from action on the institution’s accreditation by the SACSCOC Board of Trustees. Candidate*

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*institutions have little experience of this sort to document in the Compliance Certification prepared for the Accreditation Committee.]*

All information is presented accurately and appropriately and represents the total operation of the institution. **(Submission of financial statements)**

- 3.10.3 The institution audits financial aid programs as required by federal and state regulations. **(Financial aid audits)**

*[Institutions that have recently qualified for federal financial aid programs through their Candidacy status with SACSCOC will have limited documentation of compliance with this standard available.]*

- 3.10.4 The institution exercises appropriate control over all its financial resources. **(Control of finances)**

***Excerpt citing noncompliance:** “The audited financial statements and the report from the state examiner of public accounts revealed numerous deficiencies in internal control over financial reporting, such as accounting reconciliations, cash management, cash count reports, and construction contract administration. While most of these have been significant deficiencies, two were considered material weaknesses in the last audit.”*

- 3.10.5 The institution maintains financial control over externally funded or sponsored research and programs. **(Control of sponsored research/external funds)**

***Excerpt citing noncompliance:** “The Business Office uses the same internal controls and accounting processes to account and report activity for externally funded or sponsored programs. The Standard Review Report issued in 2010 indicated that for the fourth consecutive year the institution did not maintain adequate internal control over student and federal receivables.”*

### **3.11 Physical Resources**

- 3.11.1 The institution exercises appropriate control over all its physical resources. **(Control of physical resources)**

- 3.11.2 The institution takes reasonable steps to provide a healthy, safe, and secure environment for all members of the campus community. **(Institutional environment)**

- 3.11.3 The institution operates and maintains physical facilities, both on and off campus, that appropriately serve the needs of the institution’s educational programs, support services, and other mission-related activities. **(Physical facilities)**

*[Notice that this standard is not precisely the same as CR 2.11.2. CR 2.11.2 focuses on “adequate” physical resources to support “the mission of the institution and the scope of its programs and services;” CS 3.11.2 addresses resources that “appropriately” support the “institution’s educational programs, support services, and other mission-related activities.”]*

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**Suggestion:** Recast the CR 2.11.2 narrative about having “enough” physical resources to support the institution’s mission to focus on how that sufficient array of physical resources is “right” for the institution and provides a “proper” mix of physical resources to support the educational programs, support services, and other activities. Cross-reference the documentation in CR 2.11.2, as appropriate.

**Excerpt citing noncompliance:** “Significant construction of new E & G space has taken place during the past decade, but when accounting for the student enrollment growth during this same period of time, the E & G space per FTE student has actually declined nearly 15%. Because this space ratio has decreased during the same period that the institution added space-intensive programs at both the master’s and the doctoral level, the Committee cannot conclude from the information provided in the Compliance Certification that current facilities appropriately serve the needs of the institution’s educational programs.”

### 3.12 Responsibility for compliance with the Commission’s substantive change procedures and policy

- 3.12.1 The institution notifies the Commission of changes in accordance with the substantive change policy and, when required, seeks approval prior to the initiation of changes. **(Substantive change)**

*[Notice that this standard addresses changes prohibited between the time that the institution submits its Application for Membership and the time that the institution is awarded initial accreditation.]*

**Suggestion:** Review the list of substantive changes provided in Part II (The Application for Membership) of this handbook and document that the institution has made no substantive change in any of those areas since submission of the Application for Membership. If plans for substantive change are underway, present a timetable that demonstrates implementation of the substantive change after the institution has secured initial accreditation.

**Excerpt citing noncompliance:** “The institution has notified the Commission of several substantive changes and has provided evidence of approval, but it has not received final approval for the Metro City-of-campus instructional site. The institution was late in reporting the substantive change for the degree in Funeral Service Administration and was directed by the Commission to establish a policy to ensure proper notification. The institution is currently awaiting a response from the Commission on the acceptance of that policy.”

### 3.13 Responsibility for compliance with other Commission policies

- 3.13.1 The institution complies with the policies of the Commission on Colleges. **(Policy compliance)**

*[Notice that this standard is not addressed by the institution in the Compliance Certification; nonetheless, the Accreditation Committee will make a determination of compliance or noncompliance.]*

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**Suggestion:** Compare the rights and responsibilities of member institutions presented in the SACSCOC policies posted at [www.sacscoc.org](http://www.sacscoc.org) with the policies, procedures, and practices at the institution. Ensure that staff members in areas impacted by SACSCOC policies can converse about the institution's compliance with the Commission's requirements. The policies most likely to affect Candidate institutions are (1) Accreditation Procedures for Applicant Institutions, (2) Collaborative Academic Arrangements, (3) Deadlines for Reports and Profiles, (4) Disclosure of Accrediting Documents and Actions of the Commission, (5) Distance and Correspondence Education, (6) Dues and Fees, (7) Reports Submitted for Committee or Commission Review, and (8) Third-Party Comment by the Public.

### 3.14 Representation of status with the Commission

- 3.14.1 A member or candidate institution represents its accredited status accurately and publishes the name, address, and telephone number of the Commission in accordance with Commission requirements and federal policy. (**Publication of accreditation status**)

*(Note: The institution should make it very clear in publications used to represent its accreditation status with the Commission on Colleges that the three-fold purpose for publishing the Commission's access and contact numbers is to enable interested constituents (1) to learn about the accreditation status of the institution, (2) to file a third-party comment at the time of the institution's decennial review, or (3) to file a complaint against the institution for alleged non-compliance with a standard or requirement. Institutions should indicate that normal inquiries about the institution, such as admission requirements, financial aid, educational programs, etc., should be addressed directly to the institution and not to the Commission's office.)*

**Excerpt citing noncompliance:** "The Graduate Institute of Applied Linguistics has published its status with the Commission as required but has neglected to include address and telephone number for the Commission."

## Appendix III-2

### The Report of the Accreditation Committee: Sample Narratives from Part II (Analysis of Compliance) and Part III (Observations and Comments)

*In Part II (Analysis of Compliance), a narrative with a positive tone and no recommendations signals compliance:*

**3.6.1** *The institution's post-baccalaureate professional degree programs, and its master's and doctoral degree programs, are progressively more advanced in academic content than its undergraduate programs. (Post-baccalaureate program rigor)*

The institution's search, interview, and hiring practices are designed to recruit qualified faculty members. Faculty members must hold the terminal degree in the teaching discipline in order to receive tenure-track appointments. Documentation of qualifications included transcripts, vitae, licensures, records of research and related professional experience, and publications. The institution provided well-written justifications of qualifications for all faculty with teaching assignments outside the discipline of their highest degree. The roster included full-time and adjunct faculty and covered all three campuses.

*In Part II (Analysis of Compliance), a narrative that highlights a shortcoming and follows with a recommendation signals non-compliance:*

**3.6.1** *The institution's post-baccalaureate professional degree programs, and its master's and doctoral degree programs, are progressively more advanced in academic content than its undergraduate programs. (Post-baccalaureate program rigor)*

In the Compliance Certification provided to the Candidacy Committee, the institution reported compliance; however, the Committee was not able to access the program learning outcomes and selected syllabi. The Candidacy Committee reviewed the syllabi for all graduate programs along with the program requirements listed in the graduate catalog. For five of the programs reviewed ( [names] ), however, the Committee was unable to confirm post-baccalaureate program vigor because they make extensive use of undergraduate courses.

**(Recommendation 3) The Committee recommends that the institution document post-baccalaureate program rigor in all programs that include courses below the 5000 level.**

*Recommendations written by an Accreditation Committee must be addressed in the institution's Response to the Visiting Committee Report, which is addressed in Part IV of this handbook.*

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*Part III (Observations and Comments) provides both validations of institutional strengths and consultative advice on quality enhancement. Consultative advice provided in this section is non-binding; no documentation of “compliance” with this advice is required.*

### **Sample Entries: Validations of Strengths**

- The university’s library, which is housed in an exceptional building, makes admirable use of technology and includes an admirable rare book collection.
- The institution has a strong strategic plan for managed growth in programs, enrollment, and facilities.
- The Committee is impressed with the extraordinary mission and development of this new institution. The vision is remarkable, the courage is admirable, the generosity is compelling, and the desire to affect the lives of young people in a profound way is most worthy.
- The college’s mission is strongly stated, visible everywhere, and lived in the programs and curriculum.
- The institution’s use of data and assessment results to improve the quality of its educational programs and services to students is commendable.

### **Sample Entry: Consultative Advice for Quality Enhancement**

- The Committee suggests that the library develop procedures for keeping annual statistics for its main service components.

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## Appendix III-3

### Sample Action Letter: Initial Accreditation Awarded / No Further Report

Dear [CEO]:

The following action regarding your institution was taken at the **[date]** meeting of the Board of Trustees of SACS Commission on Colleges:

The Commission on Colleges awarded initial accreditation at **[level]** with the Southern Association of Colleges and Schools Commission on Colleges. Accreditation is retroactive to January 1, **[year]**. The institution will be required to complete a Compliance Certification and a Quality Enhancement Report and to receive a Committee in anticipation of reaffirmation of accreditation in 2014.

On behalf of the member institutions that make up the Commission on Colleges, I welcome you and look forward to your involvement in this very important self-regulatory process. If you have any questions, please contact Dr. **[name]**, the staff member assigned to your institution.

Sincerely,

President  
Commission on Colleges

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## Appendix III-4

### Sample Action Letter: Initial Accreditation Awarded / Monitoring Report

Dear [CEO]:

The following action regarding your institution was taken at the [date] meeting of the Board of Trustees of SACS Commission on Colleges:

The Commission on Colleges awarded initial accreditation at [Level] with the Southern Association of Colleges and Schools. Accreditation is retroactive to January 1, [year]. The institution will be required to complete a Compliance Certification and a Quality Enhancement Plan and to receive a Committee in anticipation of reaffirmation of accreditation in [date].

The institution is requested to submit a Monitoring Report due [date], addressing the visiting committee's recommendations applicable to the following referenced standards of the *Principles*:

**CS 3.7.3 (Faculty Development), Recommendation 6**

Demonstrate that the university.... **[This entry identifies the issue to be addressed in the Monitoring Report and describes weaknesses in the institution's documentation.]**

**FR 4.7 (Title IV Program Responsibilities), Recommendation 7**

Document the U.S. Department of Education's.... **[This entry identifies the issue to be addressed in the Monitoring Report and describes weaknesses in the institution's documentation.]**

Guidelines for the additional report are enclosed. Because it is essential that institutions follow these guidelines, **please make certain that those responsible for preparing the report receive the document. If there are any questions about the format, contact the Commission staff member assigned to your institution.** When submitting your report, please send **four copies** to your Commission staff member.

Please note that Federal regulations and Commission policy stipulate that an institution must demonstrate compliance with all requirements and standards of the *Principles of Accreditation* within two years following the Commission's initial action on the institution. At the end of that two-year period, if the institution does not comply with all the standards and requirements of the *Principles*, representatives from the institution may be required to appear before the Commission, or one of its standing committees, to answer questions as to why the institution should not be removed from membership. If the Commission determines good cause at that time, the Commission may extend the period for coming into compliance

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for a minimum of six months and a maximum of two years and must place the institution on Probation. If the institution has been placed on Probation within the two-year period, extension of accreditation beyond the two-year period for good cause is dependent on the amount of time the institution has already been on Probation. An institution may be on Probation for not more than two years. If the Commission does not determine good cause or if the institution does not come into compliance within two years while on Probation, the institution must be removed from membership. *(See enclosed Commission policy "Sanctions, Denial of Reaffirmation, and Removal from Membership.")*

On behalf of the member institutions that make up the Commission on Colleges, I welcome you and look forward to your involvement in this very important self-regulatory process. If you have any questions, please contact **[name]**, the staff member assigned to your institution.

Sincerely,

President  
Commission on Colleges

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## Appendix III-5

### Sample Action Letter: Candidacy Status Continued

Dear [CEO]:

The following action regarding your institution was taken at the **[date]** meeting of the Board of Trustees of SACS Commission on Colleges:

The Commission on Colleges continued candidacy status for two years. An institution may remain in candidacy status for a maximum of four years, renewable at the two-year period. Your institution's renewed candidacy expires in **[date]**. Failure of your institution to comply with all the standards, except CR 2.12 and CS 3.3.2 (Quality Enhancement Plan), at the end of your candidacy period will lead to Commission action to remove candidacy and deny initial membership.

The Commission provided the following comments to assist the institution in preparing for the visit of the Accreditation Committee:

**CR 2.9 (Learning Resources and Services)**

In general, these sections were not.... **[This entry describes weaknesses in the institution's documentation.]**

**CS 3.3.1 (Institutional Effectiveness)**

The institution needs to provide evidence of.... **[This entry describes weaknesses in the institution's documentation.]**

Please consult with your staff member **[name]** to schedule a staff advisory visit to your institution at a mutually convenient time to discuss the expectations of the Commission on Colleges, including scheduling a date for the Accreditation Committee visit.

Sincerely,

President  
Commission on Colleges

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## Appendix III-6

### Sample Action Letter for SACSCOC Member Campus: Separate Accreditation Awarded

Dear [CEO]:

The following action regarding your institution was taken at the **[date]** meeting of the Board of Trustees of SACS Commission on Colleges:

The Commission on Colleges awarded separate accreditation at **[level]** with the Southern Association of Colleges and Schools Commission on Colleges. Accreditation is retroactive to January 1, **[year]**. The institution will be required to complete a Compliance Certification and a Quality Enhancement Report and to receive a Committee in anticipation of reaffirmation of accreditation in **[year]**.

On behalf of the member institutions that make up the Commission on Colleges, I welcome you and look forward to your involvement in this very important self-regulatory process. If you have any questions, please contact Dr. **[name]**, the staff member assigned to your institution.

Sincerely,

President  
Commission on Colleges

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## Glossary and Reference Guide

This lexicon of accreditation terminology and of SACSCOC components and policies includes cross-references to applicable sections of this handbook and to related resources on the SACSCOC website.

-- A --

**Accreditation Committee:** The **Accreditation Committee** visits a Candidate institution to verify compliance with the Principle of Integrity, the Core Requirements (except for 2.12 Quality Enhancement Plan), the Comprehensive Standards (except for 3.3.2 (Quality Enhancement Plan)), and the Federal Requirements contained in *The Principles of Accreditation*. [See Part IV of this handbook.]

**Accreditation Contact:** The **Accreditation Contact** is the member of the Applicant institution's Leadership Team who works closely with SACSCOC staff during review of the Application for Membership and with the Chair of the Candidacy Committee to prepare for the institution's first on-site review. [See Part I of this handbook.]

**Accreditation Liaison:** Each Candidate and Member institution appoints an **Accreditation Liaison** to serve as the resource person on campus for SACSCOC accreditation questions and as an institutional contact person for SACSCOC personnel. [See Part IV of this handbook. A complete description of the responsibilities of the accreditation liaison is available at [www.sacscoc.org](http://www.sacscoc.org) under Institutional Resources.]

**Annual Meeting:** Each December, the Commission's business meeting caps a four-day **Annual Meeting** agenda of pre-session workshops, general sessions, break-out meetings, and round-table discussions about current issues in higher education and topics related to accreditation processes. [Information about the upcoming Annual Meeting is available at [www.sacscoc.org](http://www.sacscoc.org) under Meetings and Events.]

**Appealable Actions:** Four decisions made by the Commission or its standing committees – (1) Denial of Candidacy for Initial Accreditation, (2) Removal from Candidacy for Initial Accreditation, (3) Denial of Initial Membership, and (4) Removal from Membership – are considered **appealable actions**. [Details of the appeals process can be found in Commission policy "Appeals Procedures of the College Delegate Assembly of the Commission on Colleges," available at [www.sacscoc.org](http://www.sacscoc.org).]

**Appeals Committee:** Consisting of twelve persons who have served on the SACSCOC Board of Trustees, the **Appeals Committee** is elected by the College Delegate Assembly to enable Applicant, Candidate, and Member institutions to appeal adverse decisions taken by the SACSCOC Board. [Information on the membership of the committee and its operating procedures is available in Commission policy "Appeals Procedures of the College Delegate Assembly of the Commission on Colleges," available at [www.sacscoc.org](http://www.sacscoc.org).]

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**Applicant Institution:** After a prospective member institution submits an initial Application for Membership for review, it is identified on the SACSCOC website as an *Applicant institution*. An Applicant institution has no formal status with the Commission on Colleges nor does submission of an Application for Membership imply that the institution will attain Candidacy or Membership.

**Application for Membership:** The first document submitted by institutions as they begin the process of securing Initial Accreditation, the *Application for Membership* describes institutional characteristics in Part A (history, control, organization, educational programs, methods of delivery, enrollment, faculty qualifications, library/learning resources, financial resources, and physical resources) and documents compliance with selected sections of *The Principles of Accreditation* in Part B (Core Requirements 2.1-2.11: Comprehensive Standards 3.3.1, 3.5.1, and 3.7.1; and Federal Requirements 4.1-4.7). [See Part II of this handbook. The template for the Application for Membership is available at [www.sacscoc.org](http://www.sacscoc.org) under Application Information.]

**Authorization of a Candidacy Committee Visit:** The Commission's first official action in its procedure for securing Initial Accreditation is the *authorization of a Candidacy Committee visit*, which results from a determination that the *revised* Application for Membership appears to document compliance with the relevant Core Requirements, Comprehensive Standards, and Federal Requirements. [See Part II of this handbook.]

-- B --

**Branch Campus:** A *branch campus* is an instructional site located geographically apart and independent of the main campus of the institution. A location is independent of the main campus if the location is (1) permanent in nature, (2) offers courses in educational programs leading to a degree, diploma, certificate, or other recognized educational credential, (3) has its own faculty and administrative or supervisory organization, *and* (4) has its own budgetary and hiring authority.

-- C --

**Candidacy Committee:** The *Candidacy Committee* visits an Applicant institution to verify compliance with the selected standards and requirements addressed in the Application for Membership. [See Part III of this handbook.]

**Candidacy Status:** An institution is granted four years of *Candidacy status* upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees indicating that the institution has demonstrated compliance with the requirements addressed in the Application for Membership and that this compliance has been verified by a Candidacy Committee during a visit to the institution. Candidate institutions move into membership after demonstrating compliance with the remaining Comprehensive Standards. [See Part II of this handbook.]

**Coherent Evidence:** *Coherent evidence* of an institution's level of compliance with SACSCOC standards and requirements is orderly and logical and consistent with other patterns of evidence presented. [See Part II of this handbook for information on documenting compliance.]

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**Collaborative Academic Arrangements:** *Collaborative academic arrangements* are agreements by institutions accredited by SACSCOC and accredited or non-accredited degree-granting institutions of higher education throughout the world for purposes of awarding academic credits and/or educational program completion credentials, e.g., certificates, diplomas, degrees or transcripts. Institutions describe collaborative academic arrangements in many different ways, most commonly identifying them as dual or joint educational programs, affiliations, partnerships, and consortial agreements. [See Commission policy “Collaborative Academic Arrangements: Policy and Procedures,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**College Delegate Assembly:** Comprised of one voting representative from each member institution, the *College Delegate Assembly* elects the SACSCOC Board of Trustees, the Appeals Committee, and representatives to the SACS Board and approves revisions to the accrediting standards and the dues schedule. [See Part I of this handbook. Further information on the authority of the College Delegate Assembly is available in Commission policy “Standing Rules: the Commission on Colleges, Executive Council, and the College Delegate Assembly” at [www.sacscoc.org](http://www.sacscoc.org).]

**Committees on Compliance and Reports (C&R Committees):** Standing committees of the SACSCOC Board of Trustees, the *Committees on Compliance and Reports* review Applications for Membership, reports prepared by visiting committees, and the institutional responses to those reports and recommend action on those accreditation issues to the Executive Council. [See Part I of this handbook. Further information on the composition and duties of C&R Committees is available in Commission policy “Standing Rules: Commission on Colleges, Executive Council, and the College Delegate Assembly” at [www.sacscoc.org](http://www.sacscoc.org).]

**Compliance:** A finding of *compliance* in a report written by a visiting committee indicates that an institution has documented that it meets the expectations set forth in a standard or requirement in *The Principles of Accreditation*. Reports written by both Candidacy Committees and Accreditation Committees require judgments about the *compliance* or non-compliance of the institution with all of the standards and requirements relevant to the review; each judgment is summarized in a short narrative that details how the institution meets or fails to meet the standard or requirement. [See Parts III and IV of this handbook.]

**Compliance Certification:** The primary document prepared by Candidate institutions for Accreditation Committees (when seeking Initial Accreditation) and Off-Site Review Committees (when **Member institutions** are seeking Reaffirmation of Accreditation), the *Compliance Certification* presents narrative arguments for compliance with Core Requirements, Comprehensive Standards, and Federal Requirements and appropriate documentation supporting those narratives. [See Part IV of this handbook. The template for the Compliance Certification is available at [www.sacscoc.org](http://www.sacscoc.org) under Application Information.]

**Compliance Components:** Embedded in the wording of the Core Requirements, Comprehensive Standards, and Federal Requirements (and frequently signaled by numbers, commas, and the use of compound modifiers), the *compliance components* are the multiple discrete issues that must be addressed for each requirement and standard. [See Part II of this handbook and Appendices I-2 and III-1.]

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**Comprehensive Standards:** More specific to the operations of an institution than the Core Requirements, the *Comprehensive Standards* (3.1-3.14 in *The Principles of Accreditation*) represent good practice in higher education and establish a level of accomplishment expected of all institutions seeking Initial Accreditation or Reaffirmation of Accreditation.

**Consortial Relationship:** A *consortial relationship* typically is one in which two or more institutions share in the responsibility to develop courses and programs that meet mutually agreed-upon standards of academic quality.

**Continued Candidacy:** An institution is *continued in Candidacy* upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that the institution (1) has failed to demonstrate adequate compliance with the applicable sections of *The Principles of Accreditation* and/or (2) has not been in operation through at least one complete degree program cycle and consequently has not graduated at least one class at the level of the highest degree offered by the institution. Furthermore, this failure to meet the requirements for Initial Accreditation has been verified by the first Accreditation Committee that visited the institution. [See Part IV of this handbook.]

**Contractual Agreement:** A *contractual agreement* typically is one in which an institution enters an agreement for receipt of courses/programs or portions of courses or programs (i.e., clinical training, internships, etc.) delivered by another institution or service provider.

**Core Requirements:** Basic, broad-based, foundational requirements, the *Core Requirements* (2.1-2.12 in *The Principles of Accreditation*) establish a threshold of development required of all institutions seeking initial accreditation or reaffirmation.

**Correspondence Education:** *Correspondence education* is a formal educational process under which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor. Interaction between the instructor and the student is limited, is not regular and substantive, and is primarily initiated by the student; courses are typically self-paced. [See Commission policy “Distance and Correspondence Education,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**Current Evidence:** Information that supports an assessment of the institution as it exists now is *current evidence* of an institution’s level of compliance with SACSCOC standards and requirements. [See Part II of this handbook for information on documenting compliance.]

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**Denial of Authorization of a Candidacy Committee Visit:** An institution is denied *authorization of a Candidacy Committee visit* upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees indicating that the institution has failed to demonstrate compliance with the requirements of the Application for Membership. [See Part II of this handbook.]

**Denial of Candidacy Status:** An institution is *denied Candidacy status* upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees indicating that the institution has failed to demonstrate compliance with the requirements of the Application for Membership and that this lack of compliance has been

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verified by a Candidacy Committee during a visit to the institution. *Denial of Candidacy status* is an appealable action. [See Part III of this handbook.]

**Denial of Initial Accreditation:** An institution is *denied Initial Accreditation* upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that the institution (1) has failed to demonstrate adequate compliance with the applicable sections of *The Principles of Accreditation* and/or (2) has not been in operation through at least one complete degree program cycle and consequently has not graduated at least one class at the level of the highest degree offered by the institution. Furthermore, this failure to meet the requirements for Initial Accreditation has been verified by the second Accreditation Committee that visited the institution. *Denial of Initial Accreditation* is an appealable action. [See Part IV of this handbook.]

**Distance Education:** SACSCOC defines *distance education* as a formal educational process (synchronous or asynchronous) in which the majority of the instruction (interaction between students and instructors and among students) in a course occurs when students and instructors are not in the same place. A distance education course may use the internet; one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; audio conferencing; or video cassettes, DVDs, and CD-ROMs if used as part of the distance learning course or program. [See Commission policy “Distance and Correspondence Education,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**Dual Educational Program:** A *dual educational program* is one whereby students study at two or more institutions, and each institution awards a separate program completion credential bearing only its own name, seal and signature.

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**Educational Program:** An *educational program* is a set of courses leading to a credential (degree, diploma, or certificate) awarded by the institution.

**Executive Council:** Comprised of thirteen members, the *Executive Council* is the executive arm of the SACSCOC Board of Trustees and functions on behalf of the Board and the College Delegate Assembly between meetings. [See Part I of this handbook. Further information on the composition and selection of the Executive Council and its duties is available in Commission policy “Standing Rules: the Commission on Colleges, Executive Council, and the College Delegate Assembly” at [www.sacscoc.org](http://www.sacscoc.org).]

**Exit Conference:** Both the Candidacy Committee visit and the Accreditation Committee visit end with a brief meeting between the Committee and the institution’s leadership, the *Exit Conference*, at which time the Committee orally presents an overview of its draft report with particular emphasis on its findings of compliance/noncompliance. [See Parts III and IV of this handbook.]

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**Federal Requirements:** The *Federal Requirements* in *The Principles of Accreditation* reflect criteria established by the U.S. Department of Education for inclusion in regional accreditation reviews.

**Fees for Applicant Institutions:** Applicant institutions are expected to enclose the *Application Fee* with the *initial* Application for Membership and to pay the *expenses of the Candidacy Committee's visit*. [See Part II of this handbook. A current fees schedule can be found in the Commission policy entitled "Dues and Fees," available at [www.sacscoc.org](http://www.sacscoc.org).]

**Fees for Candidate Institutions:** In addition to being assessed annual dues based on enrollment beginning with the calendar year in which Candidacy is awarded, Candidate institutions are expected to pay the *Candidacy Fee* and the *expenses of the Accreditation Committee's visit(s)*. [See Part IV of this handbook. A current dues and fees schedule can be found in the Commission policy entitled "Dues and Fees," available at [www.sacscoc.org](http://www.sacscoc.org).]

**Fifth-Year Interim Report:** Submitted five years prior to an institution's reaffirmation review, a *Fifth-Year Interim Report* includes (1) a modified compliance certification that addresses only those Federal requirements that are integrated in Sections 1-3 and are listed in Section 4 of *The Principles of Accreditation*, (2) an Impact Report on the Quality Enhancement Plan, (3) an abbreviated Institutional Summary Form Prepared for Commission Reviews, and, where applicable, (4) a report on off-campus sites initiated since the institution's last reaffirmation but not reviewed, and (5) a report on issues identified for verification of continued compliance during the last reaffirmation review. [Further information about the *Fifth Year Interim Report* is available in Commission policy "Reports Submitted for Committee or Commission Review" and in the *Handbook for Institutions Seeking Reaffirmation*, both of which are available at [www.sacscoc.org](http://www.sacscoc.org).]

**Focused Report:** A component of the process for Reaffirmation of Accreditation, the *Focused Report* addresses the findings of the Off-Site Review Committee. [Further information about the *Focused Report* is available in Commission policy "Reports Submitted for Committee or Commission Review" and in the *Handbook for Institutions Seeking Reaffirmation*, both of which are available at [www.sacscoc.org](http://www.sacscoc.org).]

-- G --

**General Education:** Courses in *general education* introduce students to the basic content and methodology of the principal areas of knowledge – humanities and the fine arts, the social and behavioral sciences, and the natural sciences and mathematics.

**Good Cause:** If a Member institution has not remedied deficiencies at the conclusion of its two-year monitoring period, the SACSCOC Board of Trustees must either remove the institution from membership or continue accreditation for *good cause*; an institution may be continued for *good cause* only if it has met three conditions: it has (1) demonstrated significant recent accomplishments in addressing non-compliance *and* (2) documented that it has the "potential" to remedy all deficiencies within the extended period *and* (3) provided assurance to the Board that it is not aware of any other reasons why the institution could not be continued in accreditation. [For further information, see Commission policy "Sanctions, Denial of Reaffirmation, and Removal from Membership" at [www.sacscoc.org](http://www.sacscoc.org).]

**Impact Report for the Quality Enhancement Plan (QEP) on Student Learning:**

Submitted as part of the Fifth-Year Interim Report five years prior to an institution's reaffirmation review, the *Impact Report* demonstrates the extent to which the QEP has affected outcomes related to student learning. [For further information, see Commission policy "Reports Submitted for Committee or Commission Review" and the *Handbook for Institutions Seeking Reaffirmation*, both of which are available at [www.sacscoc.org](http://www.sacscoc.org).]

**Initial Accreditation:** An institution is awarded *Initial Accreditation* upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that the institution has demonstrated compliance with the applicable sections of *The Principles of Accreditation* and this compliance has been verified by an Accreditation Committee during a visit to the institution, that it has been in operation through at least one complete degree program cycle, and that it has graduated at least one class at the level of the highest degree offered by the institution. The date of *Initial Accreditation* marks the year that the institution became a member of the Commission on Colleges. [See Part IV of this handbook.]

**Initial Application for Membership:** The *initial Application for Membership* (addressing Institutional Characteristics in Part A and documenting compliance with the relevant standards in Part B) is the first document submitted by the Applicant institution after participation in a Pre-Applicant Workshop. [See Part II of this handbook.]

**Institute on Quality Enhancement and Accreditation:** Each summer, SACSCOC offers a three-day *Institute on Quality Enhancement and Accreditation* to address issues related to the assessment of student learning and the development of a Quality Enhancement Plan. [Programs for the upcoming institute and highlights of recent institutes are available at [www.sacscoc.org](http://www.sacscoc.org) under Meetings and Events.]

**Institutional Effectiveness:** *Institutional effectiveness* is the systematic, explicit, and documented process of measuring performance against mission in all aspects of an institution.

**Institutional Effectiveness Workshop for Pre-Applicants:** All attendees at the Workshop for Pre-Applicants are invited to attend a one-day *Institutional Effectiveness Workshop for Pre-Applicants*, which is designed to illustrate how to write adequate narratives and appropriately document compliance with the three SACSCOC requirements and standards that have historically proven most difficult for applicants to address -- Core Requirement 2.5 and Comprehensive Standards 3.3.1 and 3.5.1. [See Part I of this handbook.]

**Institutional Profile:** Each year, the SACSCOC office collects information about Candidate and Member institutions; the *Institutional Profile* requesting information about finances is due in July; the *Institutional Profile* requesting information about enrollment is due in January.

**Integrity:** The honesty, sincerity, and sound moral principle embedded in the concept of *integrity* serve as the foundation of the relationship between the SACSCOC and its Member, Candidate, and Applicant institutions.

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**Joint Educational Program:** A *joint educational program* is one whereby students study at two or more institutions and are awarded a single program completion credential bearing the names, seals and signatures of each of the participating institutions.

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**Last Reaffirmation:** The date of an institution's *last reaffirmation* identifies the year that the most recent comprehensive review of the institution's compliance with the Commission's requirements and standards was acted upon by the SACSCOC Board of Trustees.

**Leadership Team:** The *Leadership Team* is the small group at the institution that coordinates and manages the internal process for developing appropriate documents and overseeing preparations for the site reviews that are required for Initial Accreditation or Reaffirmation of Accreditation. [See Parts I and IV of this handbook.]

**Level:** Classified by the Commission on Colleges according to the highest degree offered, member institutions are designated as operating at one of the following six *levels*:

Level I	Associate
Level II	Baccalaureate
Level III	Master
Level IV	Educational Specialist
Level V	Doctorate (3 or fewer)
Level VI	Doctorate (4 or more)

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**Main Campus:** An institution's *main campus* is the campus with the central administrative unit.

**Meeting on the Record:** Committees on Compliance and Reports meet with representatives of institutions in a *meeting on the record*, which is an interview with a recorded transcript, when there is a significant possibility that Commission action could include appealable actions (Denial of Candidacy for Initial Accreditation, Removal from Candidacy for Initial Accreditation, Denial of Initial Membership, and Removal from Membership). [Further information is available in Commission policy "Administrative Procedures for the Meetings of the Committees on Compliance and Reports," available at [www.sacscoc.org](http://www.sacscoc.org).]

**Monitoring Reports:** A *Monitoring Report* provides additional documentation of compliance for those standards and requirements identified by the Committee on Compliance and Reports as issues for which full compliance has not yet been documented. [See Part IV of this handbook. Additional information is available in Commission policy "Reports Submitted for Committee or Commission Review," available at [www.sacscoc.org](http://www.sacscoc.org).]

**Multi-campus Institution:** A *multi-campus institution* is accredited as one unit with all campuses included in that accreditation. Such campuses are permanent and usually have a core faculty and substantive administrative and academic support systems. A multi-campus institution may have a central administrative unit—a unit that administers the entire institution—with all instruction taking place on the individual campuses.

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**National Accrediting Agencies:** *National accrediting agencies* (such as the Rabbinical and Talmudic Schools Accreditation Commission and the Accrediting Bureau of Health Education Schools) focus on specific types of institutions wherever they are located. [See Part I of this handbook.]

**Next Reaffirmation:** The date for the *next reaffirmation* of a Member institution is the year in which the SACSCOC Board of Trustees will act on the results of the next *comprehensive* review of the institution's compliance with the Commission's requirements and standards. Between reaffirmations, other committees (such as Substantive Change Committees) may visit the campus to review the institution's compliance with a portion of the Commission's requirements and standards.

**Non-Compliance:** A finding of *non-compliance* in a report written by a visiting committee indicates that an institution has failed to document that it meets a standard or requirement in *The Principles of Accreditation*. Reports written by both Candidacy Committees and Accreditation Committees require judgments about the compliance or *non-compliance* of the institution with all of the standards relevant to the review; each judgment is summarized in a short narrative that details how the institution meets or fails to meet the standard or requirement. In reports written by Accreditation Committees, narratives that detail findings of *non-compliance* include Recommendations, which formally cite the lack of compliance with a standard or requirement. [See Parts III and IV of this handbook.]

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**Objective Evidence:** *Objective evidence* of the institution's level of compliance with SACSCOC standards and requirements is based on observable data and information. [See Part II of this handbook for information on documenting compliance.]

**Off-Campus Instructional Site:** An *off-campus instructional site* is a teaching site located geographically apart from the main campus. A site at which an institution provides electronic delivery and where students go to access the support services needed is also considered an *off-campus instructional site*.

**Off-Site Review Committee:** Composed of a Chair and evaluators for finance, institutional effectiveness, organization and administration, student support services, learning support services, and two or more evaluators for educational programs, the *Off-Site Review Committee* completes the first review of the Compliance Certification developed by a **Member institution** seeking Reaffirmation of Accreditation. [Details about the composition and duties of this committee are available in the *Handbook for Institutions Seeking Reaffirmation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

**On-Site Review Committee:** Composed of a minimum of seven members (the Chair and evaluators in the areas of organization/governance, faculty, educational programs, student support services, institutional effectiveness, and the Quality Enhancement Plan), the *On-Site Review Committee* visits a **Member institution** seeking Reaffirmation of Accreditation to complete the review of the standards begun by the Off-Site Review Committee and to review the Quality Enhancement Plan. [Details about the composition and duties of this committee

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are available in the *Handbook for Institutions Seeking Reaffirmation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

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**Principle of Integrity:** The *Principle of Integrity* (1.1 in *The Principles of Accreditation*) embodies the Commission's expectations that integrity govern the operation of all institution institutions and that institutions make decisions consistent with the spirit of integrity. Failure to adhere to the integrity principle may result in a loss of accreditation or candidacy.

**Probation:** A more serious sanction than Warning, *Probation* is usually, but not necessarily, invoked by the SACSCOC as the last step before an institution is removed from membership. [See Commission policy "Sanctions, Denial of Reaffirmation, and Removal from Membership," available at [www.sacscoc.org](http://www.sacscoc.org).] Sanctions are not applicable to Applicant and Candidate institutions.

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

**Procedure Two:** *Procedure Two* is followed by **Member institutions** prior to implementing substantive changes requiring only notification. *Procedure Two* applies to changes such as the following (1) **curriculum:** expanding offerings at a currently approved off-campus site by adding 50 percent or more of the credits for programs that are approved for offering elsewhere at the institution and that are significantly different from the current offerings at the off-campus site or initiating programs/courses delivered through contractual agreement or consortium, (2) **location:** initiating an additional off-campus site for site-based/classroom group instruction offering at least 25-49 percent of the credits toward an educational program or relocating an approved off-campus site, and (3) **delivery system:** initiating distance learning courses and programs by which students can earn 25-49 percent of a program's credits offered electronically or implementing distance learning delivery for programs that are approved for site-based delivery and are significantly different from previously reported programs offered through distance learning. Substantive change is prohibited during the process for achieving initial accreditation. [A full list of substantive changes that require notification can be found in Commission policy "Substantive Change for Accredited

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Institutions of the Commission on Colleges,” available at [www.sacscoc.org](http://www.sacscoc.org).] Applicant and Candidate institutions are reminded that substantive change is prohibited during the Initial Accreditation process.

**Programmatic Accrediting Agencies:** *Programmatic Accrediting Agencies* (such as those for dentistry and for dance) focus on discipline-specific educational programs. [See Part I of this handbook.]

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**Quality Enhancement Plan (QEP):** Required of all **Member institutions** undergoing Reaffirmation of Accreditation, the *Quality Enhancement Plan* is a carefully designed and focused course of action that addresses a well-defined issue directly related to enhancing student learning. Applicant and Candidate institutions do not prepare a Quality Enhancement Plan during the process for Initial Accreditation. [Details about developing a QEP are available in the *Handbook for Institutions Seeking Reaffirmation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

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**Reaffirmation of Accreditation:** A process that involves a collective analysis and judgment by the institution’s internal constituencies, an informed review by peers external to the institution, and a reasoned decision by the elected members of the SACSCOC Board of Trustees, *Reaffirmation of Accreditation* is the process for ensuring that **Member institutions** maintain continuing compliance with Commission policies and with *The Principles of Accreditation*. An institution must be reaffirmed five years after it gains Initial Accreditation and every ten years thereafter. [See the *Handbook for Institutions Seeking Reaffirmation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

**Recommendation:** A *Recommendation* is a formal statement of lack of compliance with a standard or requirement in *The Principles of Accreditation*. The Candidacy Committee is the only SACSCOC visiting committee that does not write *Recommendations*. [See Part IV of this handbook.]

**Regional Accrediting Agencies:** The eight *regional accrediting agencies* within the six geographic regions of the U.S. review the entire organization, not just the education programs, for institutions within their service area. [See Part I of this handbook.]

**Relevant Evidence:** When the evidence directly addresses the requirement/standard and provides the basis for the institution’s argument for compliance, it is *relevant evidence* of an institution’s level of compliance with SACSCOC standards and requirements. [See Part II of this handbook for information on documenting compliance.]

**Reliable Evidence:** Evidence that can be consistently interpreted is *reliable evidence* of an institution’s level of compliance with SACSCOC standards and requirements. [See Part II of this handbook for information on documenting compliance.]

**Removal from Candidacy:** An institution is *removed from Candidacy* upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board

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of Trustees that the institution has failed to demonstrate compliance with the Principle of Integrity and Core Requirements and/or has failed to provide strong evidence that it is making adequate progress towards complying with the Comprehensive Standards and Federal Requirements. Removal from Candidacy is an appealable action. [See Part IV of this handbook.]

**Report of the Accreditation Committee:** Prepared by the Accreditation Committee to record their on-site findings of compliance and noncompliance with the applicable sections of *The Principles of Accreditation*, the **Report of the Accreditation Committee** is considered by the Committee on Compliance and Reports when it determines whether to recommend Initial Accreditation for a Candidate institution. [See Part IV of this handbook. The template for this report is available at [www.sacscoc.org](http://www.sacscoc.org). under Application Information.]

**Report of the Candidacy Committee:** Prepared by the Candidacy Committee to record their on-site findings of compliance and noncompliance with Core Requirements 2.1-2.11, three Comprehensive Standards (CS 3.3.1, CS 3.5.1, and CS 3.7.1), and the Federal Requirements, the **Report of the Candidacy Committee** is considered by the Committee on Compliance and Reports when it determines whether to recommend the granting of Candidacy status to an Applicant institution. [See Part III of this handbook. The template for this report is available at [www.sacscoc.org](http://www.sacscoc.org). under Application Information.]

**Report of the Reaffirmation Committee:** Begun by the Off-Site Reaffirmation Committee and completed by the On-Site Reaffirmation Committee to record findings of compliance and noncompliance with all requirements and standards in *The Principles of Accreditation*, the **Report of the Reaffirmation Committee** is reviewed by the Committee on Compliance and Reports when it determines whether to recommend Reaffirmation of Accreditation for a **Member** institution. [See the *Handbook for Institutions Seeking Reaffirmation*. The template for this report is available at [www.sacscoc.org](http://www.sacscoc.org). under Committee Resources.]

**Report of the Special Committee:** Prepared by the Special Committee to record on-site findings of compliance and noncompliance with the applicable standards and requirements, the **Report of the Special Committee** is reviewed by the Committee on Compliance and Reports when it determines whether to recommend continuation of accreditation for a **Member institution**. [The template for this report is available at [www.sacscoc.org](http://www.sacscoc.org). under Committee Resources.]

**Report of the Substantive Change Committee:** Prepared by the Substantive Change Committee to record on-site findings of compliance and noncompliance with the applicable requirements and standards, the **Report of the Substantive Change Committee** is reviewed by the Committee on Compliance and Reports when it determines whether to recommend continuation of accreditation for a **Member institution**. [The templates for various substantive change reports are available at [www.sacscoc.org](http://www.sacscoc.org). under Committee Resources.]

**Representative Evidence:** Not indicative of an isolated case, **representative evidence** of an institution's level of compliance with SACSCOC standards and requirements reflects a larger body of knowledge. [See Part II of this handbook for information on documenting compliance.]

**Response to the Visiting Committee Report:** A **Response to the Visiting Committee Report** addresses recommendations written by visiting committees by providing updated or

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additional documentation of compliance. Applicants may respond to the Candidacy Committee Report, and Candidate institutions may be asked to write a response to the Report of the Accreditation Committee. [See Part IV of this handbook. Further information is available in Commission policy “Reports Submitted for Committee or Commission Review,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**Revised Application for Membership:** After the leadership team from the Applicant institution has met with SACSCOC staff to discuss the staff analysis of the initial Application for Membership, the institution is invited to re-work weak sections of the original document and submit a *revised Application for Membership*. The decision whether to authorize a Candidacy Committee visit will be based on this revised document. [See Part II of this handbook.]

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**SACS Board of Trustees:** The *SACS Board of Trustees* oversees the shared business of its two separately-incorporated accrediting entities – the Commission on Colleges (SACSCOC) and the Council on Accreditation and School Improvement (SACSCASI). [See Part I of this handbook.]

**SACS Commission on Colleges (SACSCOC):** One of two separately incorporated entities of the Southern Association of Colleges and Schools, the *SACS Commission on Colleges* is the regional body for the accreditation of degree-granting institutions of higher education in the eleven Southern states – Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, and Virginia; SACSCOC also accredits international institutions of higher education. [See Part I of this handbook.]

**SACSCOC Board of Trustees:** Comprised of seventy-seven elected members, the *SACSCOC Board of Trustees* recommends changes to the accrediting standards, authorizes special visits, takes final action on the accreditation status of institutions, nominates individuals to serve on the SACSCOC Board, elects the Executive Council, appoints *ad hoc* study committees, and approves policies and procedures. [See Part I of this handbook. Further information on the selection of trustees and their duties is available in Commission policy “Standing Rules: the Commission on Colleges, Executive Council, and the College Delegate Assembly” at [www.sacscoc.org](http://www.sacscoc.org).]

**SACSCOC Good Practices:** A *SACSCOC good practice* is a commonly-accepted practice within the higher education community to enhance institutional quality. [See Part I of this handbook. Good practices are posted at [www.sacscoc.org](http://www.sacscoc.org).]

**SACSCOC Guidelines:** A *SACSCOC guideline* is an advisory statement designed to assist institutions in fulfilling accreditation requirements. [See Part I of this handbook. Guidelines are posted at [www.sacscoc.org](http://www.sacscoc.org).]

**SACSCOC Policies:** A *Commission policy* is a required course of action to be followed by the Commission on Colleges or its member or candidate institutions. [See Part I of this handbook. Policies are posted at [www.sacscoc.org](http://www.sacscoc.org).]

**SACSCOC Position Statement:** A *SACSCOC position statement* examines an issue facing the Commission’s membership, describes appropriate approaches, and states the Commission’s

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stance on the issue. [See Part I of this handbook. Position statements are posted at [www.sacscoc.org](http://www.sacscoc.org).]

**SACSCOC Staff Member:** Various members of the Commission staff are designated contacts for Applicant, Candidate, and Member institutions as they move through various phases of the accreditation process. One individual serves as the contact for institutions engaged in preparing an Applicant for Membership. After a Candidacy Committee visit has been authorized, institutions are assigned to the SACSCOC Staff Member who facilitates Candidacy Committee and Accreditation Committee reviews; upon receipt of Initial Accreditation and completion of any related Monitoring Reports, institutions are assigned to another SACSCOC Staff Member who will facilitate the institution's first Reaffirmation of Accreditation. [See Part I of this handbook.]

**Sanctions:** An institution that fails to comply with any of the Core Requirements, demonstrates significant noncompliance with the Comprehensive Standards, fails to make significant progress towards correcting deficiencies within the time allotted, or does not comply with SACSCOC policies may be placed on one of two *sanctions* – Warning or Probation. [Further information is available in Commission policy “Sanctions, Denial of Reaffirmation, and Removal from Membership” at [www.sacscoc.org](http://www.sacscoc.org).]

**Site visits:** Teams of evaluators are sent to Applicant, Candidate, and Member institutions to verify the documentation of compliance previously submitted to the Commission in such documents as Applications for Membership, Compliance Certifications, and prospectuses for substantive change. *Site visits* typically involve both the main campus and off-campus sites. [See Parts III and IV of this handbook.]

**Southern Association of Colleges and Schools (SACS):** A private, nonprofit, voluntary organization, the *Southern Association of Colleges and Schools* is comprised of the Commission on Colleges, which accredits higher education degree-granting institutions, and the Council on Accreditation and School Improvement, which accredits elementary, middle, and secondary schools. [See Part I of this handbook.]

**Special Committee:** *Special Committees* are authorized by the SACSCOC Board of Trustees or by the President of the Commission on Colleges to evaluate institutional circumstances determined to be indicative of a lack of compliance with SACSCOC standards, regulations, or policies. [Further information is available in Commission policy “Special Committee Procedures and Team Report,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**Staff Advisory Visit:** After an Applicant institution is granted Candidacy status, the SACSCOC staff member schedules a *staff advisory visit* to the institution to address preparation of the Compliance Certification. [See Part IV of this handbook.]

**Substantive Change:** *Substantive change* is a significant modification or expansion of the nature and scope of an accredited institution. Under federal regulations, *substantive change* includes (1) changing the established institutional mission or objectives, (2) changing the institution's legal status, form of control, or ownership, (3) adding courses/programs that represent a significant departure in content or in method of delivery, (4) adding courses/programs at a degree or credential level above the institution's current accreditation, (5) changing from clock hours to credit hours, (6) substantially increasing the number of clock or credit hours

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for completion of a program, (6) adding an off-campus location at which the institution offers at least 50 percent of an educational program, and (7) establishing a branch campus. [See Part II of this handbook. Further information about reporting and approval procedures for substantive change can be found in Commission policy “Substantive Change for Accredited Institutions of the Commission on Colleges,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**Substantive Change Committee:** Composed of a Chair and a number of evaluators whose expertise is appropriate for the significant departure or expansion under review, the *Substantive Change Committee* visits the institution to confirm whether the institution has maintained compliance with selected Core Requirements, Comprehensive Standards, and Federal Requirements relevant to the substantive change.

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**Teach-out Agreement:** A *teach-out agreement* is a written agreement between accredited institutions that provides for the equitable treatment of students if one of those institutions stops offering an educational program before all students enrolled in that program complete the program. [Requirements for approval of teach-out agreements can be found in Commission policy “Closing and Institution or Program: Teach-out Agreements,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**The Principles of Accreditation: Foundations for Quality Enhancement:** The accreditation requirements that must be met by all applicant, candidate, and member institutions (private for-profit, private not-for-profit, and public) are published in *The Principles of Accreditation*. These requirements apply to all institutional programs and services, wherever located or however delivered.

**Third-Party Comments:** In recognition of the value of information provided by students, employees, and others in determining whether an institution’s performance at the time of formal committee evaluation for Candidacy, Initial Accreditation, or Reaffirmation of Accreditation meets all requirements at the time of the relevant committee’s review, the Commission invites the public to submit *third-party comments*. [See Parts III and IV of this handbook. Further information can be found in Commission policy “Third-Party Comment by the Public,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**Type of Institution:** On the basis of their governance systems, member institutions are classified as one of two primary **types of institutions** -- Public or Private. Private institutions are further classified as Not-for-Profit and For-Profit.

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**Unsolicited Information:** Significant accreditation-related information revealed about a Candidate or Member institution (1) during off-site or on-site committee reviews, (2) between periods of scheduled review, and (3) during a meeting on the record with the Committees on Compliance and Reports constitutes *unsolicited information* that may become the basis for a request for further documentation of compliance with a SACSCOC standard, requirement, or policy. [Further information can be found in Commission policy “Standing Rules: the Commission on Colleges, Executive Council, and the College Delegate Assembly,” available at [www.sacscoc.org](http://www.sacscoc.org).]

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**Verifiable Evidence:** Evidence that can be replicated and corroborated is *verifiable evidence* of an institution's level of compliance with SACSCOC standards and requirements. [See Part II of this handbook for information on documenting compliance.]

**Visiting Committees:** Composed of evaluators from similar institutions outside of the home state of the host institution, *visiting committees* conduct site visits to home campuses and/or off-campus sites and write reports of their findings for consideration by the Committee on Compliance and Reports as it addresses institutional accreditation issues. *Visiting committees* are most often referred to by their formal titles (such as Candidacy Committee or Accreditation Committee) that reflect the nature of the accreditation issue under consideration. [See Parts III and IV of this handbook. Further information is available in Commission policy "Ethical Obligations of Members of SACSCOC Board of Trustees and of Evaluators," which is available at [www.sacscoc.org](http://www.sacscoc.org).]

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**Warning:** The less serious of the two sanctions, *Warning* is usually, but not necessarily, levied in the earlier stages of institutional review and often, but not necessarily, precedes Probation. It cannot, however, succeed Probation. [See Commission policy "Sanctions, Denial of Reaffirmation, and Removal from Membership," available at [www.sacscoc.org](http://www.sacscoc.org).] Sanctions are not applicable to Applicant and Candidate institutions.

**Workshop for Pre-Applicants:** Prior to submitting an Application for Membership, all prospective applicants (including campuses of member institutions seeking separate accreditation) are **required** to attend a one-day *Workshop for Pre-Applicants*, which is designed to (1) review the procedures for attaining membership, (2) provide an understanding of the Commission on Colleges and its accreditation procedures, and (3) explain how to complete the application. [See Part I of this handbook.]