

PART I: THE 2013 HANDBOOK AND WSCUC ACCREDITATION

INTRODUCTION

The Commission

WASC Senior College and University Commission (WSCUC) is a California nonprofit public benefit corporation established for the purposes of accrediting senior colleges and universities.

WSCUC was originally formed on July 1, 1962 to evaluate and accredit schools, colleges, and universities in California, Hawaii, Guam, American Samoa, the Federated States of Micronesia, the Republic of Palau, and the Commonwealth of the Northern Mariana Islands. Three separate accrediting commissions serve this region: one for K-12 schools (ACS WASC), one for community and junior colleges (ACCJC), and one for senior colleges and universities (WSCUC). As of July 1, 2020, WSCUC was authorized to accredit senior colleges and universities nationally.

WSCUC has been recognized by the U.S. Department of Education and by the Council for Higher Education Accreditation as a reliable authority concerning the quality of education provided by member institutions of higher education offering the associate degree, baccalaureate degree and post-baccalaureate degrees.

The Handbook

The WSCUC 2013 Handbook of Accreditation is intended to serve a variety of readers: representatives of institutions accredited by the Commission and those seeking accreditation; chairs and members of review teams; those interested in establishing good practices in higher education; and the general public. The 2013 Handbook has been designed to serve several purposes: to present the Commission's Core Commitments and Standards of Accreditation; to guide institutions through the institutional review process; and to assist review teams at each stage of review. Each major section is designed to stand alone; at the same time, it fits within the larger framework of the 2013 Handbook as a whole.

In this Handbook, in all related documents referred to in the Handbook, and in documents posted on the WSCUC website:

- All simple uses of “the Commission” are intended as references to the WASC Senior College and University Commission (WSCUC).
- All simple uses of “the Handbook” are intended as references to the WSCUC 2013 Handbook of Accreditation.
- All simple uses of “the Standards” are intended as references to the WSCUC Standards of Accreditation.

The Commission reserves the right to make changes to the 2013 Handbook and all related policies and procedures at any time, in order to comply with new federal requirements or in response to new needs of institutions. Institutions should refer to the website www.wscuc.org for the most recent versions of all publications.

The 2013 Handbook is copyrighted with a Creative Commons license (Attribution-NonCommercial-ShareAlike) that allows sharing and remixing with attribution, but does not allow the work to be used for commercial purposes. It is the Commission’s goal that through wide dissemination and application, the Standards and processes in this model of accreditation may inform and contribute to improved reviews and institutional practices.

The 2013 Handbook is part of a more comprehensive system of support provided by the Commission. Supplementary information in the form of policies, guides, and associated documentation is available on the Commission’s website and should be read in conjunction with this Handbook. The Commission welcomes suggestions for improvement of this Handbook and ways to make it, and the accreditation process itself, more useful to institutions, students, and members of the public.

THE CHANGING CONTEXT FOR ACCREDITATION

A hallmark of U.S. higher education in the 21st century is the enormous diversity of its institutions, their missions, and the students they serve. Common across this diversity, however, is a widespread understanding that higher education represents both a public good and a private benefit. According to this understanding, higher

education fosters individual development and serves the broader needs of the society and nation. Higher education has created the conditions for improving quality of life, solving problems, and enabling hope, which are essential to supporting economic prosperity and sustaining democracy in the United States. Accreditation is committed to the application of standards of performance, while affirming that high-quality education, irrespective of the different purposes of individual institutions, is in itself a contribution to the public good.

Accreditation has changed in form and substance as it has adapted to continuous social changes, increased global interdependence, and dramatic developments in information and communication technologies. The revisions to the Standards and institutional review process (IRP) described in this 2013 Handbook have occurred within the context of these factors and reflect accreditation's responsibility to assure the public that institutions act with integrity, yield high-quality educational outcomes, and are committed to continuous improvement. Like earlier editions, the 2013 Handbook is the culmination of years of exploration and commitment on the part of institutions and stakeholders from across the WSCUC region.

The 2001 Handbook represented a significant break with the past, updating the formula for the review process and yielding a more engaged and creative endeavor. In doing so, it was a product of its times. The late 1990s was a period in which higher education embraced many important innovations—active and student-centered pedagogies, an explosion of educational technology, new roles for faculty, and new organizational forms. The approach to accreditation represented by the 2001 Handbook and the 2008 Handbook revisions reflected these conditions by creating a set of standards and an institutional review process that put teaching and learning at the center through the core commitment to educational effectiveness. At the same time, institutions were encouraged to harness accreditation as a means to advance their own goals and priorities.

The 2013 Handbook preserves and incorporates these values, even as additional factors in the operating environment for higher education demand attention. Students and their success continue to stand at the center of concerns about higher education accreditation. Thus accreditation seeks to establish standards and measurements of quality that ensure that students earn degrees in a timely manner, and that those degrees have demonstrable meaning and currency within the society at large. That meaning should also extend to graduates' ability to be engaged citizens and to obtain productive employment.

A new context for higher education has formed the backdrop for the 2013 Handbook. Colleges and universities have been under increasing pressure to become more accountable for student academic achievement; to be more transparent in reporting the results of accreditation; and to demonstrate their contribution to the public good.

Accounting for quality is a matter of public trust, given the billions of dollars government provides higher education through direct investment in institutions, federal and state financial aid for students, and tax exemptions for public and non-profit institutions. These factors lie behind the Commission's decision to rebalance the dual role of accreditation to support both public accountability and institutional improvement.

Another critical factor is the deteriorating fiscal environment within which colleges and universities must operate. Diminishing public funding for higher education and escalating operating costs have put pressure on public and private institutions alike. The 2013 Handbook responds to financial concerns by establishing a more focused review process that shortens the time required for reaccreditation, while still providing adaptability in the review process.

With these revisions, the Commission calls upon institutions to take the next step on the assessment journey: moving from a focus on creating assessment infrastructure and processes to a focus on results and the findings about the quality of learning that assessment generates. Institutions are also asked to move from productive internal conversations about improving learning to engaging more deeply with other institutions and higher education organizations.

THE PURPOSES OF WSCUC ACCREDITATION

The overriding purpose of WSCUC accreditation is to assure stakeholders that a WSCUC accredited institution has been rigorously evaluated and that it meets or exceeds the criteria required to maintain accreditation. In addition, the accreditation process is designed to build a culture of evidence, promote a commitment to institutional improvement, validate institutional integrity, and provide feedback that improves the accreditation process itself.

WSCUC is one of seven regional institutional accrediting agencies formerly known as "regional" accreditors. Institutional accreditation serves to assure the educational community, parents, students, employers, policymakers, and the public that an accredited institution has met high standards of quality and effectiveness. Students attending accredited institutions may be eligible to apply for U.S. federal financial aid.

Accreditation also helps ensure that credits and degrees are generally recognized for purposes of transfer, admission to other institutions, and employment.

In many countries, the maintenance of educational standards is a governmental function; in the U.S., by contrast, accreditation is peer-driven and accrediting associations are funded by the dues of member institutions. Peer review teams comprising experts and representatives from similar institutions evaluate an institution for initial or reaffirmation of accreditation. No institution in the U.S. is required to seek accreditation, but because of the recognized benefits of the process, most eligible institutions have sought to become accredited.

COMMISSION CODE OF GOOD PRACTICE AND ETHICAL CONDUCT

In carrying out its functions, the WASC Senior College and University Commission has established a code of good practice and ethical conduct that guides its relations with the institutions it serves and with its internal organization and procedures. The Commission maintains a commitment to:

1. Apply with good faith effort its procedures and standards as fairly and consistently as possible.
2. Provide means by which institutions and others can comment on the effectiveness of the accreditation review process, standards, and policies, and to conduct ongoing and regular reviews to make necessary changes.
3. Provide institutions and the general public with access to non-confidential information regarding Commission actions and opportunities to make informed comment in the development of commission policies (see [Public Access to the Commission Policy](#)).
4. Encourage continuing communication between the Commission and institutions through the accreditation liaison officer position at each institution.
5. Maintain and implement a conflict of interest policy for members of review teams, members of the Commission, and Commission staff to ensure fairness and avoid bias.

6. Value the wide diversity of institutions it accredits and consider an institution's purpose and character when applying the Standards.
7. Assist and stimulate improvement in its institutions' educational effectiveness.
8. Provide institutions a reasonable period of time to comply with Commission requests for information and documents.
9. Endeavor to protect the confidentiality of an institution's proprietary information.
10. With respect to the accreditation review process:
 - o Emphasize the value and importance of institutional self-evaluation and the development of appropriate evidence to support the accreditation review process.
 - o Conduct reviews using qualified peers under conditions that promote impartial and objective judgment and avoid conflicts of interest.
 - o Provide institutions an opportunity to object, for cause, to the assignment of a person to the institution's review team.
 - o Arrange for interviews with administration, faculty, students, and governing board members during the accreditation review process.
11. With respect to Commission decisions on an institution's accreditation, provide opportunity for the institution to:
 - o Respond in writing to draft team reports in order to correct errors of fact and propose redaction of proprietary information.
 - o Respond in writing to final team reports on issues of substance.
 - o Appear before the Commission when reports are considered.
 - o Receive written notice from Commission staff as soon as reasonably possible after Commission decisions are made.
 - o Appeal Commission actions according to published procedures.
 - o Request a written response from an institution or refer a matter to the next review team when the Commission finds that an institution may be in violation of the Standards or policies. If the Commission requests the institution to respond and the Commission deems such response inadequate, Commission staff may request supplemental information or schedule a fact-finding visit to the institution. The institution will bear the expense of such a visit.

- Permit withdrawal of a request for initial accreditation at any time prior to final action by the Commission.
- Withdraw accreditation or candidacy as provided in the Accreditation Handbook.

THE STATUS OF ACCREDITATION

The status of accreditation indicates that an institution has fulfilled the requirements for accreditation established by this Handbook. This means that the institution has:

1. Demonstrated that it meets the Core Commitments.
2. Conducted a self-review under the Standards, developed and presented indicators of institutional performance, and identified areas for improvement.
3. Developed approved institutional reports for accreditation that have been evaluated by teams of reviewers under the relevant institutional review processes.
4. Demonstrated to the Commission that it meets or exceeds the expectations of the Standards.
5. Committed itself to institutional improvement, periodic self-evaluation, and continuing compliance with the Standards, policies, procedures, and decisions.

Accreditation is attained following the evaluation of the entire institution and continues until formally withdrawn. It is subject, however, to periodic review and to conditions, as determined by the Commission. Every accredited institution files an Annual Report and undergoes a comprehensive self-review and peer review at least every ten years. Initial accreditation, as a matter of Commission policy, requires institutional self-review and peer review no more than six years after the date of the Commission action granting such status. Neither accreditation nor candidacy is retroactive. (The Commission may allow an institution to apply for Initial Accreditation retroactively to a specified date, no more than one year prior to the date of Initial Accreditation. The retroactive accreditation date is not automatic and must be intentionally stipulated by the Commission on a case-by-case basis. See [How to Become Accredited](#) on the Commission website.)

As a voluntary, nongovernmental agency, the Commission does not have the responsibility to exercise the regulatory control of state and federal governments or to apply their mandates regarding collective bargaining, affirmative action, health and safety regulations, and the like. Furthermore, the Commission does not enforce the standards of specialized accrediting agencies, the American Association of University Professors, or other nongovernmental organizations, although institutions may wish to review the publications of such agencies as part of the self-review process. The Commission has its own Standards and expects institutions and teams to apply them with integrity, flexibility, and an attitude of humane concern for students and the public interest.

The Standards must be met at least at a minimum level for Candidacy to be granted to institutions seeking initial accreditation. For institutions to be granted initial accreditation and for those seeking reaffirmation of accreditation, the Standards must be met. The Standards define normative expectations and characteristics of excellence and provide a framework for institutional self-review. Depending upon the stage of development of the institution, some components of the Standards may be viewed as of greater or lesser priority.

PART II: THE CORE COMMITMENTS AND STANDARDS OF ACCREDITATION OVERVIEW

The Core Commitments and Standards of Accreditation provide a foundation for institutional reviews and actions. The Core Commitments express the values underlying WSCUC accreditation, while the Standards build upon the Core Commitments, articulating broad principles of good practice. The Standards are explicated by the Criteria for Review (CFR), and the CFRs in turn are supported by Guidelines and Commission policies. Together, these elements provide a coherent basis for institutional review and at the same time assure quality and integrity.

UNDERSTANDING THE WSCUC STANDARDS

The WSCUC process begins by calling upon institutions to ground their activities in three Core Commitments. By affirming these Core Commitments and taking ownership of the accreditation process, institutions create learning environments that continuously strive for educational excellence and operational effectiveness in order to serve both students and the public good.

Core Commitment to Student Learning and Success

Institutions have clear educational goals and student learning outcomes. Institutions collect, analyze, and interpret valid and reliable evidence of learning as a way of assessing student achievement and success. Institutions support the success of all students and seek to understand and improve student success.

Core Commitment to Quality and Improvement

Institutions are committed to high standards of quality in all of their educational activities. They utilize appropriate evidence to improve teaching, learning, and overall institutional effectiveness. Through strategic and integrated planning, institutions demonstrate the capacity to fulfill their current commitments and future needs and opportunities.

Core Commitment to Institutional Integrity, Sustainability, and Accountability

Institutions recognize that the public has entrusted them with the critical responsibilities of upholding the values of higher education and contributing to the public good. They engage in sound business practices, demonstrate institutional integrity, operate in a transparent manner, and adapt to changing conditions.

Standards of Accreditation

The Standards of Accreditation consist of four broad, holistic statements that reflect widely accepted good practices in higher education. WSCUC institutions are diverse in terms of mission, character, and type. The Standards are broad enough to honor that diversity, respect institutional mission, and support institutional autonomy. At the same time, institutions must demonstrate that they are in compliance with the four Standards and related Criteria for Review in order to become and remain accredited. The four Standards are:

- [Standard 1: Defining Institutional Purposes and Ensuring Educational Objectives](#)
- [Standard 2: Achieving Educational Objectives through Core Functions](#)

- [Standard 3: Developing and Applying Resources and Organizational Structures to Ensure Quality and Sustainability](#)
- [Standard 4: Creating an Organization Committed to Quality Assurance, Institutional Learning, and Improvement](#)

Criteria for Review

Thirty-nine Criteria for Review (CFR) are distributed across the four Standards. The CFRs under each Standard provide more specific statements about the meaning of the Standard. The CFRs are grouped under headings that identify major aspects of institutional functioning. The CFRs are cited by institutions in their institutional report, by peer reviewers in evaluating institutions, and by the Commission in making decisions about institutions. Many of the CFRs are cross-referenced to allow for ease in identifying related and connected CFRs.

Guidelines

Where Guidelines are provided, they assist institutions in interpreting the CFRs by offering examples of how institutions can address a particular Criterion for Review. An institution is welcome to employ different practices from those described in a particular Guideline; in that case, the institution is responsible for showing that it has addressed the intent of that Criterion in an equally effective way.

Related Commission Policies and Resources

Following some CFRs are references to policies of particular relevance to those CFRs and any related Guidelines. Institutions are encouraged to become familiar with, and to review periodically, all Commission policies, which are binding on member institutions.

Following some CFRs are references to manuals and resource guides. The procedures described in WSCUC manuals, like policies, are binding. Guides, offering principles and examples of good practice, address topics such as program review, transparency, graduate education, and the use of evidence. Guides are not binding; they are merely suggestive and intended to provide helpful information.

Current versions of WSCUC policies, manuals, and resource guides are available on our [Resources page](#).

WSCUC STANDARDS OF ACCREDITATION

The four Standards are:

- [Standard 1: Defining Institutional Purposes and Ensuring Educational Objectives](#)
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STANDARD 1: DEFINING INSTITUTIONAL PURPOSES AND ENSURING EDUCATIONAL OBJECTIVES

The institution defines its purposes and establishes educational objectives aligned with those purposes. The institution has a clear and explicit sense of its essential values and character, its distinctive elements, its place in both the higher education community and society, and its contribution to the public good. It functions with integrity, transparency, and autonomy.

Institutional Purposes

Criteria for Review (CFR)

1.1

The institution's formally approved statements of purpose are appropriate for an institution of higher education and clearly define its essential values and character and ways in which it contributes to the public good.

Guidelines: The institution has a published mission statement that clearly describes its purposes. The institution's purposes fall within recognized academic areas and/or disciplines.

1.2

Educational objectives are widely recognized throughout the institution, are consistent with stated purposes, and are demonstrably achieved. The institution regularly generates, evaluates, and makes public data about student achievement, including measures of retention and graduation, and evidence of student learning.

See also CFR [2.4](#), [2.6](#), [2.10](#), [4.2](#)

1.3

The institution publicly states its commitment to academic freedom for faculty, staff, and students, and acts accordingly. This commitment affirms that those in the academy are free to share their convictions and responsible conclusions with their colleagues and students in their teaching and writing.

Guidelines: The institution has published or has readily available policies on academic freedom. For those institutions that strive to instill specific beliefs and world views, policies clearly state how these views are implemented and ensure that these conditions are consistent with generally recognized principles of academic freedom. Due-process procedures are disseminated, demonstrating that faculty and students are protected in their quest for truth.

See also CFR [3.2](#), [3.10](#)

1.4

Consistent with its purposes and character, the institution demonstrates appropriate attention to the increasing diversity, equity, and inclusion through its policies, its educational and co-curricular programs, its hiring and admissions criteria, and its administrative and organizational practices.

Guidelines: The institution has demonstrated institutional commitment to the principles enunciated in the Equity and Inclusion Policy.

See also CFR [2.2a](#), [3.1](#)

Related documents: [Equity and Inclusion Policy](#)

Criteria for Review (CFR)

1.5

Even when supported by or affiliated with governmental, corporate, or religious organizations, the institution has education as its primary purpose and operates as an academic institution with appropriate autonomy.

Guidelines: The institution does not experience interference in substantive decisions or educational functions by governmental, religious, corporate, or other external bodies that have a relationship to the institution.

See also CFR [3.6](#), [3.7](#), [3.8](#), [3.9](#), [3.10](#)

Related documents: [Governing Board Policy](#), [Related Entities Policy](#)

1.6

The institution truthfully represents its academic goals, programs, services, and costs to students and to the larger public. The institution demonstrates that its academic programs can be completed in a timely fashion. The institution treats students fairly and equitably through established policies and procedures addressing student conduct, grievances, human subjects in research, disability, and financial matters, including refunds and financial aid.

Guidelines: The institution has published or has readily available policies on student grievances and complaints, refunds, etc. The institution does not have a history of adverse findings against it with respect to violation of these policies. Records of student complaints are maintained for a six-year period. The institution clearly defines and distinguishes between the different types of credits it offers and between degree and non-degree credit, and accurately identifies the type and meaning of the credit awarded in its transcripts. The institution's policy on grading and student evaluation is clearly stated and provides opportunity for appeal as needed.

See also CFR [2.12](#)

1.7

The institution exhibits integrity and transparency in its operations, as demonstrated by the adoption and implementation of appropriate policies and procedures, sound business practices, timely and fair responses to complaints and grievances, and regular evaluation of its performance in these areas. The institution's finances are regularly audited by qualified independent auditors.

See also CFR [3.4](#), [3.6](#), [3.7](#)

Related documents: [Complaints and Third-Party Comments Policy](#)

1.8

The institution is committed to honest and open communication with the Accrediting Commission; to undertaking the accreditation review process with seriousness and candor; to informing the Commission promptly of any matter that could materially affect the accreditation status of the institution; and to abiding by Commission policies and procedures, including all substantive change policies.

Related documents: [Accreditation Records Retention Policy](#), [Legal Costs and Obligations Policy](#), [Institutional Litigation Policy](#), [Public Disclosure of Accreditation Documents and Commission Actions Policy](#), [Substantive Change Manual](#), [Substantive Change Policy](#), [Unannounced Visits Policy](#)

STANDARD 2: ACHIEVING EDUCATIONAL OBJECTIVES THROUGH CORE FUNCTIONS

The institution achieves its purposes and attains its educational objectives at the institutional and program level through the core functions of teaching and learning, scholarship and creative activity, and support for student learning and success. The institution demonstrates that these core functions are performed effectively by evaluating valid and reliable evidence of learning and by supporting the success of every student.

Teaching and Learning

Criteria for Review (CFR)

2.1

The institution's educational programs are appropriate in content, standards of performance, rigor, and nomenclature for the degree level awarded, regardless of mode of delivery. They are staffed by sufficient numbers of faculty qualified for the type and level of curriculum offered.

Guidelines: The content, length, and standards of the institution's academic programs conform to recognized disciplinary or professional standards and are subject to peer review.

See also CFR [3.1](#)

Related documents: [Substantive Change Manual](#), [Substantive Change Policy](#)

2.2

All degrees awarded by the institution are clearly defined in terms of entry-level requirements and levels of student achievement necessary for graduation that represent more than simply an accumulation of courses or credits. The institution has both a coherent philosophy, expressive of its mission, which guides the meaning of its degrees and processes that ensure the quality and integrity of its degrees.

See also CFR [3.1](#), [3.2](#), [3.3](#), [4.3](#), [4.4](#)

Related documents [Credit Hour Policy](#), [Credit for Prior Learning Policy](#), [Degree Definitions Guide](#), [Dual Degrees Policy](#), [Equity and Inclusion Policy](#), [Joint Degrees Policy](#), [Transfer of Credit Policy](#)

2.2a

Undergraduate programs engage students in an integrated course of study of sufficient breadth and depth to prepare them for work, citizenship, and life-long learning. These programs ensure the development of core competencies including, but not limited to, written and oral communication, quantitative reasoning, information literacy, and critical thinking. In addition, undergraduate programs actively foster creativity, innovation, an appreciation for diversity, ethical and civic responsibility, civic engagement, and the ability to work with others. Undergraduate programs also ensure breadth for all students in cultural and aesthetic, social and political, and scientific and technical knowledge expected of educated persons. Undergraduate degrees include significant in-depth study in a given area of knowledge (typically described in terms of a program or major).

Guidelines: The institution has a program of General Education that is integrated throughout the curriculum, including at the upper division level, together with significant in-depth study in a given area of knowledge (typically described in terms of a program or major).

2.2b

The institution's graduate programs establish clearly stated objectives differentiated from and more advanced than undergraduate programs in terms of admissions, curricula, standards of performance, and student learning outcomes. Graduate

programs foster students' active engagement with the literature of the field and create a culture that promotes the importance of scholarship and/or professional practice. Ordinarily, a baccalaureate degree is required for admission to a graduate program.

Guidelines: Institutions offering graduate-level programs employ, at least, one full-time faculty member for each graduate degree program offered and have a preponderance of the faculty holding the relevant terminal degree in the discipline. Institutions demonstrate that there is a sufficient number of faculty members to exert collective responsibility for the development and evaluation of the curricula, academic policies, and teaching and mentoring of students.

See also CFR [3.1](#), [3.2](#), [3.3](#)

2.3

The institution's student learning outcomes and standards of performance are clearly stated at the course, program, and, as appropriate, institutional level. These outcomes and standards are reflected in academic programs, policies, and curricula, and are aligned with advisement, library, and information and technology resources, and the wider learning environment.

Guidelines: The institution is responsible for ensuring that out-of-class learning experiences, such as clinical work, service learning, and internships which receive credit, are adequately resourced, well developed, and subject to appropriate oversight.

See also CFR [3.5](#)

2.4

The institution's student learning outcomes and standards of performance are developed by faculty and widely shared among faculty, students, staff, and (where appropriate) external stakeholders. The institution's faculty take collective responsibility for establishing appropriate standards of performance and demonstrating through assessment the achievement of these standards.

Guidelines: Student learning outcomes are reflected in course syllabi.

See also CFR [4.3](#), [4.4](#)

2.5

The institution's academic programs actively involve students in learning, take into account students' prior knowledge of the subject matter, challenge students to meet high standards of performance, offer opportunities for them to practice, generalize, and apply what they have learned, and provide them with appropriate and ongoing feedback about their performance and how it can be improved.

See also CFR [4.4](#)

2.6

The institution demonstrates that its graduates consistently achieve its stated learning outcomes and established standards of performance. The institution ensures that its expectations for student learning are embedded in the standards that faculty use to evaluate student work.

Guidelines: The institution has an assessment infrastructure adequate to assess student learning at program and institution levels.

See also CFR [4.3](#), [4.4](#)

2.7

All programs offered by the institution are subject to systematic program review. The program review process includes, but is not limited to, analyses of student achievement of the program's learning outcomes; retention and graduation rates; and, where appropriate, results of licensing examination and placement, and evidence from external constituencies such as employers and professional organizations.

See also CFR [4.1](#), [4.6](#)

Scholarship and Creative Activity

Criteria for Review (CFR)

2.8

The institution clearly defines expectations for research, scholarship, and creative activity for its students and all categories of faculty. The institution actively values and promotes scholarship, creative activity, and curricular and instructional innovation, and their dissemination appropriate to the institution's purposes and character.

Guidelines: Where appropriate, the institution includes in its policies for faculty promotion and tenure the recognition of scholarship related to teaching, learning, assessment, and co-curricular learning.

See also CFR [3.2](#)

2.9

The institution recognizes and promotes appropriate linkages among scholarship, teaching, assessment, student learning, and service.

See also CFR [3.2](#)

Student Learning and Success

Criteria for Review (CFR)

2.10

The institution demonstrates that students make timely progress toward the completion of their degrees and that an acceptable proportion of students complete their degrees in a timely fashion, given the institution's mission, the nature of the students it serves, and the kinds of programs it offers. The institution collects and analyzes student data, disaggregated by appropriate demographic categories and areas of study. It tracks achievement, satisfaction, and the extent to which the campus climate supports student success. The institution regularly identifies the characteristics of its students; assesses their preparation, needs, and experiences; and uses these data to improve student achievement.

Guidelines: The institution disaggregates data according to racial, ethnic, gender, age, economic status, disability, and other categories, as appropriate. The institution benchmarks its retention and graduation rates against its own aspirations as well as the rates of peer institutions.

See also CFR [4.1](#), [4.2](#), [4.3](#), [4.4](#), [4.5](#)

2.11

Consistent with its purposes, the institution offers co-curricular programs that are aligned with its academic goals, integrated with academic programs, and designed to support all students' personal and professional development. The institution assesses the effectiveness of its co-curricular programs and uses the results for improvement.

See also CFR [4.3](#), [4.4](#), [4.5](#)

2.12

The institution ensures that all students understand the requirements of their academic programs and receive timely, useful, and complete information and advising about relevant academic requirements.

Guidelines: Recruiting materials and advertising truthfully portray the institution. Students have ready access to accurate, current, and complete information about admissions, degree requirements, course offerings, and educational costs.

See also CFR [1.6](#)

Related documents: [Requirements for Institutional Websites Guide](#)

2.13

The institution provides academic and other student support services such as tutoring, services for students with disabilities, financial aid counseling, career counseling and placement, residential life, athletics, and other services and programs as appropriate, which meet the needs of the specific types of students that the institution serves and the programs it offers.

See also CFR [3.1](#)

Related documents: [Collegiate Athletics Policy](#), [International Students Policy](#)

2.14

Institutions that serve transfer students provide clear, accurate, and timely information, ensure equitable treatment under academic policies, provide such students access to student services, and ensure that they are not unduly disadvantaged by the transfer process.

Guidelines: Formal policies or articulation agreements are developed with feeder institutions that minimize the loss of credits through transfer credits.

See also CFR [1.6](#)

Related documents: [Credit for Prior Learning Policy](#)

STANDARD 3: DEVELOPING AND APPLYING RESOURCES AND ORGANIZATIONAL STRUCTURES TO ENSURE QUALITY AND SUSTAINABILITY

The institution sustains its operations and supports the achievement of its educational objectives through investments in human, physical, fiscal, technological, and information resources and through an appropriate and effective set of organizational and decision-making structures. These key resources and organizational structures promote the achievement of institutional purposes and educational objectives and create a high-quality environment for learning.

Faculty and Staff

Criteria for Review (CFR)

3.1

The institution employs faculty and staff with substantial and continuing commitment to the institution. The faculty and staff are sufficient in number, professional qualification, and diversity to achieve the institution's educational objectives, establish and oversee academic policies, and ensure the integrity and continuity of its academic and co-curricular programs wherever and however delivered.

Guidelines: The institution has a faculty staffing plan that ensures that all faculty roles and responsibilities are fulfilled and includes a sufficient number of full-time faculty members with appropriate backgrounds by discipline and degree level.

See also CFR [2.1](#), [2.2b](#)

Related documents: [Equity and Inclusion Policy](#)

3.2

Faculty and staff recruitment, hiring, orientation, workload, incentives, and evaluation practices are aligned with institutional purposes and educational objectives. Evaluation is consistent with best practices in performance appraisal, including multisource feedback and appropriate peer review. Faculty evaluation processes are systematic and are used to improve teaching and learning.

See also CFR [1.7](#), [4.3](#), [4.4](#)

3.3

The institution maintains appropriate and sufficiently supported faculty and staff development activities designed to improve teaching, learning, and assessment of learning outcomes.

See also CFR [2.1](#), [2.2b](#), [4.4](#)

Fiscal, Physical, and Information Resources

Criteria for Review (CFR)

3.4

The institution is financially stable and has unqualified independent financial audits and resources sufficient to ensure long-term viability. Resource planning and development include realistic budgeting, enrollment management, and diversification of revenue sources. Resource planning is integrated with all other institutional planning. Resources are aligned with educational purposes and objectives.

Guidelines: The institution has functioned without an operational deficit for at least three years. If the institution has an accumulated deficit, it should provide a detailed explanation and a realistic plan for eliminating it.

See also CFR [1.1](#), [1.2](#), [2.10](#), [4.6](#), [4.7](#)

3.5

The institution provides access to information and technology resources sufficient in scope, quality, currency, and kind at physical sites and online, as appropriate, to support its academic offerings and the research and scholarship of its faculty, staff, and students. These information resources, services, and facilities are consistent with the institution's educational objectives and are aligned with student learning outcomes.

Guidelines: The institution provides training and support for faculty members who use technology in instruction. Institutions offering graduate programs have sufficient fiscal, physical, information, and technology resources and structures to sustain these programs and to create and maintain a graduate-level academic culture.

See also CFR [1.2](#), [2.1](#), [2.2](#)

Organizational Structures and Decision-Making Processes

Criteria for Review (CFR)

3.6

The institution's leadership, at all levels, is characterized by integrity, high performance, appropriate responsibility, and accountability.

3.7

The institution's organizational structures and decision-making processes are clear and consistent with its purposes, support effective decision making, and place priority on sustaining institutional capacity and educational effectiveness.

Guidelines: The institution establishes clear roles, responsibilities, and lines of authority.

3.8

The institution has a full-time chief executive officer and a chief financial officer whose primary or full-time responsibilities are to the institution. In addition, the institution has a sufficient number of other qualified administrators to provide effective educational leadership and management.

3.9

The institution has an independent governing board or similar authority that, consistent with its legal and fiduciary authority, exercises appropriate oversight over institutional integrity, policies, and ongoing operations, including hiring and evaluating the chief executive officer.

Guidelines: The governing body comprises members with the diverse qualifications required to govern an institution of higher learning. It regularly engages in self-review and training to enhance its effectiveness.

See also CFR [1.5](#), [1.6](#), [1.7](#)

Related documents: [Accreditation Reviews for Institutions within a System Policy](#), [Governing Board Policy](#), [Governing Board Policy Implementation Guide](#), [Related Entities Policy](#)

3.10

The institution's faculty exercises effective academic leadership and acts consistently to ensure that both academic quality and the institution's educational purposes and character are sustained.

Guidelines: The institution clearly defines the governance roles, rights, and responsibilities of all categories of full-time and part-time faculty.

See also CFR [2.1](#), [2.4](#), [2.5](#), [4.3](#), [4.4](#)

Related documents: [Equity and Inclusion Policy](#)

STANDARD 4: CREATING AN ORGANIZATION COMMITTED TO QUALITY ASSURANCE, INSTITUTIONAL LEARNING, AND IMPROVEMENT

The institution engages in sustained, evidence-based, and participatory self-reflection about how effectively it is accomplishing its purposes and achieving its educational objectives. The institution considers the changing environment of higher education in envisioning its future. These activities inform both institutional planning and systematic evaluations of educational effectiveness. The results of institutional inquiry, research, and data collection are used to establish priorities, to plan, and to improve quality and effectiveness.

Quality Assurance Processes

Criteria for Review (CFR)

4.1

The institution employs a deliberate set of quality-assurance processes in both academic and non-academic areas, including new curriculum and program approval processes, periodic program review, assessment of student learning, and other forms of ongoing evaluation. These processes include: collecting, analyzing, and interpreting data; tracking learning results over time; using comparative data from external sources; and improving structures, services, processes, curricula, pedagogy, and learning results.

See also CFR [2.7](#), [2.10](#)

Related documents: [Program Review Resource Guide](#), [Substantive Change Manual](#), [Substantive Change Policy](#)

4.2

The institution has institutional research capacity consistent with its purposes and characteristics. Data are disseminated internally and externally in a timely manner, and analyzed, interpreted, and incorporated in institutional review, planning, and decision-making. Periodic reviews are conducted to ensure the effectiveness of the institutional research function and the suitability and usefulness of the data generated.

See also CFR [1.2](#), [2.1](#)

Institutional Learning and Improvement

Criteria for Review (CFR)

4.3

Leadership at all levels, including faculty, staff, and administration, is committed to improvement based on the results of inquiry, evidence, and evaluation. Assessment of teaching, learning, and the campus environment – in support of academic and co-curricular objectives – is undertaken, used for improvement, and incorporated into institutional planning processes.

Guidelines: The institution has clear, well-established policies and practices – for gathering, analyzing, and interpreting information – that create a culture of evidence and improvement.

See also CFR [2.2](#), [2.3](#), [2.4](#), [2.5](#), [2.6](#)

4.4

The institution, with significant faculty involvement, engages in ongoing inquiry into the processes of teaching and learning, and the conditions and practices that ensure that the standards of performance established by the institution are being achieved. The faculty and other educators take responsibility for evaluating the effectiveness of teaching and learning processes and uses the results for improvement of student learning and success. The findings from such inquiries are applied to the design and improvement of curricula, pedagogy, and assessment methodology.

Guidelines: Periodic analysis of grades and evaluation procedures are conducted to assess the rigor and effectiveness of grading policies and practices.

See also CFR [2.2](#), [2.3](#), [2.4](#), [2.5](#), [2.6](#)

4.5

Appropriate stakeholders, including alumni, employers, practitioners, students, and others designated by the institution, are regularly involved in the assessment and alignment of educational programs.

See also CFR [2.6](#), [2.7](#)

4.6

The institution periodically engages its multiple constituencies, including the governing board, faculty, staff, and others, in institutional reflection and planning processes that are based on the examination of data and evidence. These processes assess the institution's strategic position, articulate priorities, examine the alignment of its purposes, core functions, and resources, and define the future direction of the institution.

See also CFR [1.1](#), [3.4](#)

4.7

Within the context of its mission and structural and financial realities, the institution considers changes that are currently taking place and are anticipated to take place within the institution and higher education environment as part of its planning, new program development, and resource allocation.

See also CFR [1.1](#), [2.1](#), [3.4](#)

PART III: WSCUC QUALITY ASSURANCE

MULTIPLE APPROACHES

The Commission has put in place multiple approaches to quality assurance. Standing committees focus on specific aspects of institutional functioning. These committees are staffed by individuals with appropriate expertise and experience. The institutional

review process (IRP) for reaffirmation of accreditation, described in detail in the following section of this Handbook, is at the heart of WSCUC's quality-assurance processes. In addition, all WSCUC accredited institutions submit detailed annual reports. Under some circumstances, special visits and/or interim reports may also be requested.

Standing Committees

WSCUC currently has three standing committees:

- *The Eligibility Review Committee (ERC)* conducts reviews of the applications received from institutions seeking WSCUC accreditation to determine whether an institution has the potential to meet the Standards and other requirements.
- *The Interim Report Committee (IRC)* reviews interim reports and supporting documents, following up on recommendations that have been made in a Commission action letter or previous interim report.
- *The Substantive Change Committee (SCC)* reviews proposals for changes that may significantly affect an institution's quality, objectives, scope, or control. Federal regulations and Commission policies require prior approval of institutional substantive changes in degree programs, methods of delivery, and organizational changes.

The committees are comprised of representatives of institutions in the region who are appointed by the President and/or executive staff of WSCUC.

Educational Programming

WSCUC offers educational programming including the annual Academic Resource Conference (ARC) to assist institutions in developing expertise in areas relevant to the Standards. Educational programming is entirely optional and offers a useful and supportive way to build human capital and maintain the momentum for institutional effectiveness. Information on educational programming may be found at www.wscuc.org.

THE INSTITUTIONAL REVIEW PROCESS

This section is designed to assist institutions as they address the Standards for reaffirmation of accreditation. It provides a description of the steps involved in an institution's reaffirmation process, the components that need to be included in the institutional report, interactions with the review team, and other details.

The Institutional Review Process (IRP) described below applies to institutions that are seeking reaffirmation of accreditation. Other models apply for institutions seeking eligibility or initial accreditation. At the Commission's discretion, institutions may be directed to follow a process that differs from the one described in this Handbook, and those institutions will be guided by other documents describing those reviews.

All institutions need to demonstrate they are in compliance with the Standards and with those federal regulations that the Commission is required to implement. Within this context, the goal of the process is the improvement of student learning, student success, and institutional effectiveness.

Institutions can typically expect to spend two to three years pursuing reaffirmation of WSCUC accreditation. Briefly stated, the IRP involves an Offsite Review by a peer review team, and an Accreditation Visit to the institution by the same team. These steps are followed by a Commission decision on an institution's length of time for reaffirmation of accreditation, which can be six, eight, or ten years. A description of the review process follows.

OVERVIEW OF THE INSTITUTIONAL REVIEW PROCESS

Self-Study and Preparation for the Institutional Review Process

Opportunities for Guidance: WSCUC is committed to supporting institutions as they prepare for the Institutional Review Process. There will be multiple opportunities for institutions to receive information and guidance in order to prepare for the Offsite Review and Visit.

- *Academic Resource Conference:* Every year, WSCUC sponsors the Academic Resource Conference (ARC), which includes workshops and panels on the review process that institutions will find helpful.
- *Institutional consultations:* Institutions should arrange on-campus or remote consultations, at their cost, with their WSCUC staff liaison. Objectives for this

consultation include a review of the institution's responses to previous Commission recommendations and identification of the goals for the self-study, including strengths and areas of challenge. In addition, the WSCUC liaison is available to meet on-site with groups and individuals involved in the self-study process. Together, the team and staff liaison will clarify subsequent steps and strategies for the review. These may include, for example, how the institution will organize for the review, how various constituencies will be involved, and what resources will be required.

The Self-Study: The self-study is the institution's process of gathering evidence and data and reflecting on its current functioning and effectiveness under the Standards.

WSCUC makes available to both institutions and the public a Key Indicators Dashboard (KID). Institutions should consider information presented in KID as part of the self-study process. KID includes information from federal data sets to present multiple years of metrics, trend data, and comparisons based on both national and WSCUC averages and presents disaggregated data on student performance that may be useful in understanding equity gaps. KID only includes institutions which have undergraduate programs and report to IPEDS. Other institutions (international, graduate only, non-IPEDS reporters) should consider information presented in the Key Indicators (KI) Reports as part of the self-study process.

At the beginning of the IRP, the self-study provides the necessary preparation for later steps, but self-study continues throughout the two to three years of review for reaffirmation. A candid self-study, with broad engagement of the institutional community, provides the foundation for a high-quality institutional report.

In preparation for the self-study, institutions are expected to review their accreditation history. This includes the most recent team report and all Commission action letters received since the last reaccreditation; documents submitted to WSCUC since the last review for reaffirmation of accreditation; and WSCUC responses where applicable (e.g., recommendations related to substantive changes or an interim report).

Early in the self-study, the institution completes the Compliance with WSCUC Standards and Compliance with Federal Requirements Worksheet. The worksheet is designed to present evidence of the institution's compliance with the Standards and to prompt conversation on institutional capacity and infrastructure, strengths, weaknesses, priorities, and plans for ensuring compliance with the Standards and institutional improvement.

This worksheet calls only for evidence and data that have not been submitted with the institution's annual report and that demonstrate compliance with several federal

requirements accreditors are expected to monitor. The institution should complete this worksheet for verification by the team during the review process.

The completed Compliance with WSCUC Standards and Federal Requirements Worksheet is submitted as an exhibit with the Institutional Report.

Instead of beginning with the Compliance with WSCUC Standards and Federal Requirements Worksheet, some institutions may prefer to frame their self-study around their own priorities and planning (e.g., strategic, financial, and/or academic). The accreditation review may then be adapted to support those goals. Some institutions administer surveys or conduct focus groups to identify top campus priorities. Such approaches have the advantage of putting the emphasis on the institution's goals and then integrating them with WSCUC expectations; thus they may inspire broader campus engagement, stronger commitment to the process, and greater returns on the effort and resources invested. However the institution chooses to begin, explicit attention to the Standards and CFRs, as well as documented compliance with federal laws and regulations, is required.

After these initial steps, the focus of the self-study shifts to the specific components that form the institutional report. These components are described in detail below, along with prompts that can stimulate inquiry and reflection.

Another essential element at the outset of the self-study is practical planning for how the institution will launch and conduct the accreditation review. Such planning addresses the financial and human resources that will be needed, the structures that will support progress, the timeline and milestones that must be met, and evidence and metrics that are available or must be generated. To the extent possible, institutions are encouraged to make use of existing resources, e.g., standing committees, an assessment office, program review, and institutional research, before introducing new processes.

THE INSTITUTIONAL REPORT

Overview: The institutional report is based on the findings of the institution's self-study and, with the exception of an institution-specific theme, must include the components described below in the order shown.

- *Introduction:* Institutional Context; Response to Previous Commission Actions

- *Compliance:* Compliance with WSCUC Standards and Federal Requirements Worksheet
- *Degree Programs:* Meaning, Quality, and Integrity of Degrees
- *Educational Quality:* Student Learning, Core Competencies, and Standards of Performance at Graduation
- *Student Success:* Student Learning, Retention, and Graduation
- *Quality Assurance and Improvement:* Program Review; Assessment; Use of Data and Evidence
- *Sustainability:* Financial Viability; Preparing for the Changing Higher Education Environment
- *Institution-specific Theme(s):* Optional
- *Conclusion:* Reflection and Plans for Improvement

The required and optional components of the institutional report are described in the next section. Numbering is provided for ease of reference; it does not indicate relative value. In general, each component should include a discussion of the topic within the context of the institution; analyses undertaken; a self-assessment and reflection; areas of strength or significant progress and areas of challenge; and next steps, as appropriate. When plans are described, targets, metrics, and timelines should be included, as appropriate.

Length of the Report and Citation of Standards: The institutional report narrative is typically 12,000 to 18,000 words (approximately 50-75 pages, double-spaced) in length. In the body of the report, it is helpful to hyperlink to relevant documents in the exhibits in order to support each assertion and to provide easy navigation for reviewers.

References to the Standards and citations of specific CFRs are included, as appropriate, in the body of the report. It is not necessary to cite all the CFRs because these will have been addressed in the Compliance with the Standards worksheet. Instead, the institutional report can cite only those CFRs of direct relevance to the topic under discussion (i.e., meaning of degrees, student learning and achievement, student success, quality assurance, planning for the future, and possibly an additional theme). Institutions may cite others, as relevant to their narratives.

1: INTRODUCTION TO THE INSTITUTIONAL REPORT:

INSTITUTIONAL CONTEXT; RESPONSE TO PREVIOUS COMMISSION ACTIONS

(CFR 1.1, 1.8)

This component offers a succinct history of the institution and an overview of the institution's capacity, infrastructure, and operations. Activities such as distance education, hybrid courses, and off-campus instructional locations are integrated into this discussion. Special attention is given to significant changes since the last accreditation review, e.g., in mission, student demographics, structure, instructional modalities, finances, and other institution-level matters. This is also the place to provide a description of institutional values, the qualities of the educational experience that make graduates of this institution unique, the institution's approach to equity and inclusion, and how it is contributing to the public good. If a theme(s) is included, it is introduced here with an explanation of how it was selected.

As part of this component, the institution also reviews the most recent team report and action letter and responds to Commission recommendations. As relevant, substantive change reviews, annual and interim reports, and trends or patterns of complaints against the institution, if any, may be discussed. This overview of its accreditation history, operations, strengths, and challenges can help the institution identify issues and anticipate questions that review team members may pose as the institutional review proceeds.

Prompts: The following prompts may be helpful in getting started, but the institution is not required to follow these prompts or respond to them directly.

- What does the institution perceive as its strengths and challenges based, for example, on internal planning and evaluation?
- How has the institution responded to earlier WSCUC recommendations?
- How does the institution demonstrate its contribution to the public good?
- What are the institution's current priorities and plans?
- How did the institution prepare for this review? Who was involved? What was the process? How did this work connect with existing priorities and projects?
- What theme(s), if any, will be discussed and where in the report do they appear?

2: COMPLIANCE WITH STANDARDS: COMPLIANCE WITH WSCUC STANDARDS AND FEDERAL REQUIREMENTS WORKSHEET

Federal law requires every institution coming under review for reaffirmation of accreditation to demonstrate that it is in compliance with the Standards and CFRs of the accrediting association. In addition, the Commission requires that the institution has in place policies and procedures considered essential for sound academic practice.

WSCUC provides the Compliance with WSCUC Standards and Federal Requirements Worksheet to assist institutions in reflecting and reporting on their compliance with these expectations. In addition, these documents will assist institutions in identifying strengths and areas for improvement. Institutions need to complete both forms and include them among the exhibits that accompany the institutional report when it is submitted. An analysis and discussion of the institution's self-assessment and any plans emerging from these two exercises are discussed in the narrative for this component of the institutional report.

The review under the WSCUC Standards systematically walks the institution through each of WSCUC's Standards, CFRs, and Guidelines. It prompts the institution to consider where it stands in relation to capacity and educational effectiveness. The required federal checklists provide the opportunity to show how it is meeting federal requirements. As part of the self-study, the Compliance with WSCUC Standards and Federal Requirements Worksheet can promote useful conversations about the institution's strengths, weaknesses, and future efforts. WSCUC's KID data tool is a valuable source of evidence when considering institutional and student performance and compliance with WSCUC Standards. KID may be accessed at <https://www.wscuc.org/resources/kid/>. In particular, KID provides national and WSCUC averages that help put performance in context.

Prompts: The following prompts may be helpful in getting started, but the institution is not required to follow these prompts or respond to them directly.

- Who participated in the Compliance with WSCUC Standards and Federal Requirements Workshee? What perspectives did different constituencies contribute?
- What was learned from completing this worksheet? What are the institution's strengths and challenges? What issues and areas of improvement emerged?
- What plans are in place to address areas needing improvement? What resources, fiscal or otherwise, may be required?

3: DEGREE PROGRAMS: MEANING, QUALITY, AND INTEGRITY OF DEGREE

(CFRs 1.2, 2.2, 2.3, 2.4, 2.6, 2.7, 4.3)

Institutions are expected to define the meaning of the undergraduate and graduate degrees they confer and to ensure their quality and integrity. *Quality* and *integrity* have many definitions; in this context WSCUC understands them to mean a rich, coherent, and challenging educational experience, together with assurance that students consistently meet the standards of performance that the institution has set for that educational experience.

Traditionally, institutions have described their degrees either very generally (i.e., as something of self-evident value) or very concretely (in terms of specific degree requirements and preparation for specific professions). This component of the institutional report asks for something different: a holistic exploration of the middle ground between those two extremes, expressed in terms of the outcomes for students and the institutional mechanisms that support those outcomes. Defining the meaning of higher degrees can provide clarity for institutions, for students, and for a public that seeks to understand what unique educational experience will be had at that particular institution and what makes the investment in that experience worthwhile.

CFR 2.2 indicates that the degree as a whole should be more than the sum of its traditional parts: courses, credits, and grades. Exploring the meaning of a degree thus involves addressing questions about what the institution expects its students – undergraduates and graduates alike – to know and be able to do upon graduation, and how graduates embody the distinct values and traditions of the institution

through their dispositions and future plans. It leads to analysis of how effectively courses, curricula, the co-curriculum, and other experiences are structured, sequenced, and delivered so that students achieve learning outcomes at the expected levels of performance in core competencies, in their majors or fields of specialization, in general education, and in areas distinctive to the institution. It means ensuring alignment among all these elements and maintaining an assessment infrastructure that enables the institution to diagnose problems and make improvements when needed. Not least of all, it means developing the language to communicate clearly about the degree – what it demands and what it offers – to internal and external audiences.

Institutions may wish to draw on existing resources that can be used to understand and articulate the meaning of degrees. These include, for example, AACU's LEAP outcomes, the VALUE rubrics (which align with the LEAP outcomes), high-impact practices (HIPS), and findings from NSSE, UCUES, CIRP, or the CSEQ. As appropriate, institution-level learning outcomes (ILOs) may also play a useful role in defining the meaning of undergraduate and graduate degrees. Identifying common outcomes at the division or school level rather than the institution level may make sense for some institutions.

Another resource is the Degree Qualifications Profile (DQP). This framework describes the meaning of three postsecondary degrees: associate, baccalaureate, and master's and defines increasingly sophisticated levels of performance in five broad areas of learning appropriate to postsecondary education. The DQP offers institutions—and the public—a point of reference and a common framework for talking about the meaning of degrees, but without prescriptions or standardization.

WSCUC does not require institutions to use any specific framework or resource in the articulation of the meaning, quality, and integrity of their degrees. Rather, institutions are encouraged to develop their own strategies for articulating the meaning of their degrees in ways that make sense for their mission, values, and student populations.

Prompts: The following prompts may be helpful in getting started, but the institution is not required to follow these prompts or respond to them directly.

- What does it mean for a graduate to hold a degree from the institution, i.e., what are the distinctive experiences and learning outcomes? For each degree level offered, what level of proficiency is expected? What is the overall student experience? How do these outcomes flow from the mission? (CFRs 1.1, 1.2, 2.1, 2.2)

[Note: The discussion may focus on institutional learning outcomes that apply to all degree levels, or on the meaning of the degree at each level offered, i.e., associate, baccalaureate, master's, doctoral.]

- What are the processes used at the institution to ensure the quality and rigor of the degrees offered? How are these degrees evaluated to assure that the degrees awarded meet institutional standards of quality and consistency? (CFRs 2.6, 2.7, 4.1, 4.3, 4.4, 4.6)
- What was identified in the process of considering the meaning, quality, and integrity of the degrees that may require deeper reflection, changes, restructuring, etc.? What will be done as a result? What resources will be required?
- What role does program review play in assessing the quality, meaning, and integrity of the institution's degree programs? (CFRs 2.7, 4.1)

4: EDUCATIONAL QUALITY: STUDENT LEARNING, CORE COMPETENCIES, AND STANDARDS OF PERFORMANCE AT GRADUATION

Institutions of higher education have a responsibility to document that students acquire knowledge and develop higher-order intellectual skills appropriate to the level of the degree earned. This documentation is a matter of validating institutional quality and providing accountability as well as setting the conditions for improvement of learning.

CFR 2.2a states that undergraduate programs must “ensure the development of core competencies including, but not limited to, written and oral communication, quantitative reasoning, information literacy, and critical thinking.”

The institutional review process calls upon institutions to describe how the curriculum addresses each of the five core competencies, explain their learning outcomes in relation to those core competencies, and demonstrate, through evidence of student performance, the extent to which those outcomes are achieved. If they wish, institutions may create their own limited list of essential higher-order competencies beyond the five listed. They may also report student performance in majors or professional fields and in terms of institution-level learning outcomes that make the

institution's graduates distinctive. The institution analyzes the evidence according to its own judgment, reports on student achievement of its learning outcomes in a way that makes sense for the institution (e.g., as a single score, or within ranges or qualitative categories), contextualizes the findings according to the mission and priorities of the institution, and formulates its own plans for improvement, if needed.

For example, for each core competency, the institution may set a specific level of performance expected at graduation and gather evidence of the achievement of that level of performance (which can be based on sampling) using the assessment methods of its choice.

The five core competencies listed in the Handbook are relevant in virtually any field of study, though different fields may define these outcomes in different ways and may also include other outcomes. At many institutions, it is the assessment of learning in the major or professional field that engages faculty and produces the most useful findings. Thus, institutions may wish to embed assessment of core competencies in assessment of the major or professional field. Capstones, portfolios, research projects, signature assignments, internships, and comprehensive examinations provide rich evidence that can be analyzed for multiple outcomes, both specialized and common to all programs, at a point close to graduation as determined by the institution. Whatever the expectations and findings, they need to be contextualized and discussed in this component of the institutional report.

It is the institution's responsibility to set expectations for learning outcomes that are appropriate to the institution's mission, programs offered, student characteristics, and other criteria. The Commission is not seeking a minimum standard of performance that students would already meet upon entry or upon completion of lower-division general education courses. Nor does it seek outcomes common to all institutions irrespective of mission. Rather, the Commission seeks learning outcomes and standards of performance that are appropriately ambitious, that faculty and students can take pride in, and that can be explained and demonstrated to external audiences. If a given competency is not a priority for the institution or a particular field of study, expectations may legitimately be lower. Within the context of the institution's mission, the review team then weighs the appropriateness of outcomes, standards, and evidence of attainment.

Standards of performance are best set through internal discussion among faculty and other campus educators. Although it is not required, institutions may benefit from external perspectives and collaboration with other institutions, e.g., through benchmarking or use of comparative data. For example, an institution may join a consortium that shares assessment findings and calibrates desired levels of performance.

Graduate programs and graduate-only institutions are expected to define and assess the generic intellectual competencies that are foundational in their field. CFR 2.2b, which refers to graduate programs, calls for expectations that are “clearly . . . differentiated from and more advanced than undergraduate programs in terms of . . . standards of performance and student learning outcomes.” Graduate programs also set standards of performance, choose assessment methods, interpret the results, and act on findings in ways that make sense for the program and institution.

Prompts: The following prompts may be helpful in getting started, but the institution is not required to follow these prompts or respond to them directly.

- What knowledge, skills, values, and attitudes should students possess when they graduate with a degree from the institution? What are the key learning outcomes for each level of degree?
 - For undergraduate programs, how do the institution’s key learning outcomes align with the core competencies set forth in CFR 2.2a? (CFRs 2.3, 2.4.)
 - For graduate programs, how are graduate level outcomes developed? How do these outcomes align with CFR 2.2b? (CFRs 2.3, 2.4)
- What are the standards of performance for students? How are these standards set, communicated, and validated? (CFR 2.6)
- What methods are used to assess student learning and achievement of these standards? When is learning assessed in these areas (e.g., close to graduation or at some other milestone)? (CFRs 2.4, 2.6, 4.3)
- What evidence is there that key learning outcomes are being met? (CFR 2.6)
- What steps are taken when achievement gaps are identified? How are teaching and learning improved as a result of assessment findings? (CFRs 2.4, 2.6, 4.3, 4.4)
- What role does program review play in assessing and improving the quality of learning? (CFRs 2.7, 4.1)
- How deeply embedded is learning-centeredness across the institution? What is the evidence? (CFRs 4.1-4.3)

5: STUDENT SUCCESS: STUDENT LEARNING, RETENTION, AND

GRADUATION

(CFRs 1.2, 2.7, 2.13)

Student success includes not only strong retention and degree completion rates, but also high-quality learning. It means that students are prepared for success in their personal, civic, and professional lives, and that they embody the values and behaviors that make their institution distinctive. Institutions' definitions of success will differ, given their unique missions, traditions, programs, and the characteristics of the students served.

This component needs to address, explicitly, the learning and personal development dimensions of student success. Since aggregate data can mask disparities among student subpopulations, institutions are advised to disaggregate their data, going beyond demographic characteristics. For example, analysis using several variables (such as students' choice of major, participation in research, study abroad, leadership roles, admission to honor societies, pass rates on licensure examinations, and admission to graduate programs) may yield useful information.

While student success is the responsibility of the entire institution, student affairs and academic support can play a particularly critical role. Here, too, a well-developed assessment infrastructure can provide the data to document and improve student success.

Prompts: The following prompts may be helpful in getting started, but the institution is not required to follow these prompts or respond to them directly.

- How is student success defined (accounting for both completion and learning), given the distinctive mission, values, and programs offered, and the characteristics of the students being served? (CFRs 2.4, 2.6, 2.10, 2.13)
- How is student success promoted, including both completion and learning? What has been learned about different student subpopulations as a result of disaggregating data? (CFRs 2.3, 2.10-2.14)
- What role does program review play in assessing and improving student success? (CFRs 2.7, 4.1)
- Which programs are particularly effective in retaining and graduating their majors? What can be learned from them? What is the students' experience like? (CFRs 2.6, 2.10, 2.13)

- How well do students meet the institution's definition of student success? In what ways does the institution need to improve so that more students are successful? What is the timeline for improvement? How will these goals be achieved? (CFRs 2.6, 4.1-4.4)
- Are students making reasonable progress towards completion? How does the institution compare to other institutions that are WSCUC accredited or to their own peer or aspirational benchmarks? (CFRs 1.6, 2.7, 2.10)

6: QUALITY ASSURANCE AND IMPROVEMENT: PROGRAM REVIEW; ASSESSMENT; USE OF DATA AND EVIDENCE

(CFRs 2.4, 2.6, 2.7, 2.10, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7)

Successful quality improvement efforts are broadly participatory, iterative, and evidence-based. This component of the institutional report includes a discussion of three basic tools of quality improvement—program review, assessment of student learning, and data collection and analysis—and presents the ways these tools inform the institution's decision making. In addition, institutions are welcome to discuss other quality improvement approaches that have made a difference, if they wish.

Program review remains a priority for WSCUC. It is a natural nexus and point of integration for the collection of data and findings about the meaning of the degree, the quality of learning, core competencies, standards of student performance, retention, graduation, and overall student success. Because of the commitment of students to their degree programs and the loyalty of faculty to their disciplines, program review has great power to influence the quality of the educational experience. Program review can also provide insight into desirable future directions for the program and the institution.

In addition to implementing systematic program review, institutions are expected to periodically assess the effectiveness of their program review process. They can do so, for example, by reviewing the quality and consistency of follow-up after program

reviews; determining the effectiveness with which the program review addresses achievement of program learning outcomes; and tracing how recommendations are integrated into institutional planning and budgeting.

Assessment, along with program review, is an essential tool that supports the goals and values of the accreditation process. “Assessing the assessment” should not crowd out the work of understanding student learning and using evidence to improve it. However, good practice suggests that it is wise to step back periodically, ask evaluative questions about each stage of the assessment cycle, and seek ways to make assessment more effective, efficient, and economical.

Data provide the foundation for effective program review, assessment of student learning, and other quality improvement strategies. However, to have an impact, data need to be turned into evidence and communicated in useful formats. The discussion of data collection, analysis, and use can include, for example, information about resources provided by the institutional research office (if one exists), software used to generate reports, access to data, processes for making meaning out of data (see the WSCUC Evidence Guide for more information), and mechanisms for communicating data and findings.

Key Indicators Dashboard (KID)

WSCUC makes available to both the institutions and the public through its website a Key Indicators Dashboard (KID). KID uses information from federal data sets to present multiple years of metrics, trend data, and comparisons based on both national and WSCUC averages. KID only includes institutions that have undergraduate programs and report to IPEDS. Other institutions (international, graduate only, non-IPEDS reporters) should consider information presented in the Key Indicators (KI) Reports as part of the self-study process.

As institutions prepare the self-study report and consider quality assurance and improvement, KID offers important data that will inform institutional reflections on quality in the areas of institution size and context, student completion, student finances, institution finances, and post-graduation outcomes. Institutions may also use KID to explore outcomes for students of color and underrepresented populations and to understand whether progress is being made to close gaps in outcomes over time by race/ethnicity, gender, financial need, and other factors. KID presents disaggregate outcomes with the goal of prompting conversations about approaches and investments institutions are using to assure equitable achievement, and to identify instances where more focus is needed, or serious problems exist. More information on KID is available in the KID Guide for Institutions available on the WSCUC [Resources](#) page.

Peer Benchmarking

In fall 2020, WSCUC introduced peer benchmarking for accredited institutions with undergraduate programs that report to IPEDS. The purpose of peer benchmarking is to provide a consistent way for WSCUC to look across institutional performance in context. Peer benchmarking is intended to complement existing institutional data and peer sets, and to promote conversations around improvement and undergraduate outcomes. Peer benchmarking is not intended to create floors, ceilings, or thresholds. Institutions are encouraged to review the performance of WSCUC institutional peers in comparison to their own performance. In addition, institutions are encouraged to share information in the self-study on their own institutional peers, where relevant.

Prompts: The following prompts may be helpful in getting started, but the institution is not required to follow these prompts or respond to them directly.

- How have the results of program review been used to inform decision making and improve instruction and student learning outcomes? (CFRs 2.7, 4.1, 4.3, 4.4)
- What was identified in the process of examining the institution's program review process that may require deeper reflection, changes, restructuring? What will be done as a result? What resources will be required? (CFRs 2.7, 4.1, 4.4, 4.6)
- What has the program or institution learned as it carried out assessments of students' learning? How have assessment protocols, faculty development, choices of instruments, or other aspects of assessment changed as a result? (CFR 4.1)
- How adequate is the institutional research function? How effectively does it support and inform institutional decision-making, planning, and improvement? How well does it support assessment of student learning? (CFRs 4.2-4.7)

7: SUSTAINABILITY: FINANCIAL VIABILITY; PREPARING FOR THE CHANGING HIGHER EDUCATION ENVIRONMENT

(CFRs 3.4, 3.7, 4.1, 4.3, 4.4, 4.5, 4.6, 4.7)

To survive and thrive, institutions must not only cope with the present, but also plan for the future. In this component, WSCUC asks each institution first to describe its current status as a viable, sustainable organization; and second, to evaluate how it is poised to address fundamental changes facing higher education in the decade to come. In other words, what is the institution's vision of a 21st century education, and what role will the institution play?

At its most basic, *sustainability* means the ability to support and maintain, to keep something intact and functioning properly. Institutional sustainability has at least two dimensions. Fiscal sustainability – that is, adequacy of financial resources and the appropriate alignment of those resources – is fundamental and has always been critical in any institutional review. Indeed, financial exigency has historically been accreditors' single most frequent cause for sanctions. In a highly volatile financial environment, assurance of financial sustainability becomes even more critical.

In this component, the institution presents its current financial position. Plans should include targets, metrics, and timelines.

A second facet of financial sustainability is alignment. It is essential that resources be allocated in alignment with the institution's priorities. For an educational institution, clearly, a top priority is student learning and success; thus, resource allocation needs to support educational effectiveness, along with other activities that advance knowledge, develop human capital, and allow the institution to learn, adapt, and thrive.

A third dimension of sustainability is the institution's ability to read the evolving higher education landscape and anticipate ways in which the institution itself may need to change. New technologies, economic pressures, public concern about the quality of learning, demographic shifts, student preparation for college, new skills and knowledge needed for success, and alternatives to traditional degrees—all these shifts and many others are rapidly transforming the social, economic, and political environment in which higher education functions.

The task here is for institutions to develop a vision of their role in 21st century higher education. The choices institutions make in the face of these bracing conditions will influence their long-term success.

Prompts: The following prompts may be helpful in getting started, but the institution is not required to follow these prompts or respond to them directly.

- Under Standard 3, institutions are expected to “develop and apply resources and organizational structures to ensure sustainability.” How can the institution

demonstrate that its operations will remain financially sustainable over the next 6 to 10 years? (CFRs 3.4 and 4.6)

- How well do financial allocations align with institutional priorities, particularly those related to the meaning, quality, and integrity of degrees offered; student learning and success; and processes for quality assurance, accountability, and improvement? (CFRs 3.4, 4.3)
- Under Standard 2, how does the institution identify and enhance the competencies that students will need to succeed in the future? (CFRs 1.2, 2.2)
- What role does program review play in developing a vision of 21st century education for individual programs and for the institution as a whole? (CFR 4.7)
- In what ways can the institution ensure that educational effectiveness will continue during the period from the present to the next reaffirmation of accreditation? What systems and processes are in place? How deeply embedded are these initiatives in institutional systems and culture? How is educational effectiveness prioritized in the institution's formal plans? (CFRs 3.1-3.10, 4.1, 4.2, 4.6)
- How does the institution demonstrate that it is a learning organization? What evidence can be put forward? (CFRs 4.3-4.7)
- What resources have been committed to assessment of learning and improvement of student performance? How are decisions about levels of support made? How is support maintained even in times of constrained resources? (CFRs 3.6, 3.7, 4.3, 4.4)
- Of the changes taking place globally, nationally, locally, and in higher education, which ones will affect the institution most strongly in the next seven to 10 years? What is the institution's vision of education for the coming decade? For the more distant future? How is the institution anticipating, planning for, and adapting to such changes? (CFRs 4.6, 4.7)
- What specific skills does the institution possess or need to develop in order to engage with developments impacting its future, including those occurring globally? (CFRs 3.1, 3.2, 4.6, 4.7)

8: INSTITUTION-SPECIFIC THEME(S) (OPTIONAL)

(CFRs as appropriate)

The accreditation review is an opportunity for institutions to align their own priorities with WSCUC's quality improvement process. In the 2001 Handbook, the theme-based approach to self-study offered institutions the clearest opportunity for this kind of campus-wide engagement and improvement, and the vast majority of institutions took advantage of it. Thus, the 2013 Handbook continues to offer this option. In addition to addressing the components described above, institutions may identify and study one or two themes that are specific to the institution and of critical importance. The theme may emerge from institutional planning or other processes; in any case, it should connect to the Standards.

If the institutional report includes a theme, the component on institutional context is the place to introduce the theme and orient the reader to the part(s) of the institutional report where the theme will be developed. Origins of the theme, analysis, recommendations for action, and related steps can be included as a separate component of the institutional report, or the theme can be woven into one of the other components, as appropriate. Whatever the institution decides, it is helpful to inform the WSCUC staff liaison of the theme early on, so that an individual with relevant background can be included on the review team.

Prompts: The following prompts may be helpful in getting started, but the institution is not required to follow these prompts or respond to them directly.

- What one or two themes would advance institutional priorities and add value to the accreditation review?
- What are the institution's goals or outcomes in pursuing this theme? What is the timeline, what evidence and metrics will show progress, and what resources (financial, human, other) will be required?

9: CONCLUSION: REFLECTION AND PLANS FOR IMPROVEMENT

In this concluding component, the institution assesses the impact of the self-study, reflects on what it has learned in the course of the self-study, and discusses what it plans to do next. This is also the place to highlight what the institution has learned about key areas of exemplary institutional performance.

EXHIBITS

Exhibits are attached to the institutional report and support the narrative. By being selective about what to include, an institution can avoid excessive documentation, which can be challenging for institutions to collect and for review team members and the Commission to read.

The exhibits include the following items:

- A. Compliance with WSCUC Standards and Federal Requirements Worksheet
- B. Institution-selected exhibits that support the institutional report's narrative.

INTERACTIONS WITH THE REVIEW TEAM

Throughout the institutional review process, representatives of the institution interact with review team members and WSCUC staff. Interaction with the Commission occurs at the end of the institutional review process when the Commission makes a decision about the institution's accreditation status.

The review team, composed primarily of experienced educators from peer institutions as well as other experts identified to address specific needs of the institution, has the responsibility to evaluate the institution under the Standards of Accreditation. The review team's work involves the following: reading the institutional report, exhibits, and other documents; conducting the Offsite Review; conducting the visit; and preparing a report of its findings and recommendations.

Every institution seeking initial accreditation or reaffirmation of accreditation has a WSCUC staff liaison. The liaison, together with other staff members, provides support and guidance to the institution, the review team, and the Commission throughout the review process.

THE OFFSITE REVIEW

The focus of the Offsite Review is to make preliminary findings based upon the institutional report and supplementary documents. The institution submits its institutional report and exhibits 10 weeks prior to the Offsite Review. The review team then convenes to evaluate the institution and its compliance with the Standards.

Review team members share impressions, note issues for follow-up, formulate questions for the onsite review, and identify additional documents they may wish to examine before or during the visit. The review team also either confirms the scheduling of the visit to the institution (typically four to six months later) or recommends a different interval. At the conclusion of the Offsite Review, the review team holds a short video teleconference with institutional representatives to share its request for additional information and lines of inquiry for the visit.

Following the Offsite Review, the institution receives a summary of strengths, areas that need improvement, foci for the visit, questions for which the team seeks answers or clarification, additional materials that may be needed, and any special considerations. This summary (see [Offsite Review Summary of Lines of Inquiry Guide](#)) is prepared by the team with guidance from the WSCUC staff liaison. The Lines of Inquiry summary is a private communication; it is not made public. WSCUC staff then work with the institution to make arrangements for the visit.

THE ACCREDITATION VISIT

The three-day visit takes place four to six months after the Offsite Review. An institution may request or the review team may recommend a longer interval if the institution is expected to need more time to prepare a follow-up to the Lines of Inquiry. During the visit, the team meets with institutional representatives to follow up on outstanding issues and verify or revise its preliminary findings concerning both compliance and improvement. The institution has an opportunity to demonstrate how it has responded to issues raised or questions asked at the time of the Offsite Review and to fill any gaps in the picture it wishes to present of itself. Following the visit, the team shares its draft team report with the institution for correction of errors of fact

and challenges related to proprietary information. The team then finalizes the team report and forwards it to the Commission for action.

THE THEMATIC PATHWAY FOR REAFFIRMATION

The Thematic Pathway for Reaffirmation (TPR) eliminates the Offsite Review while maintaining an institutional report – the result of one or more unique themes chosen by the institution that are explored during its self-study. A peer review team conducts a three-day visit and meets with institutional representatives, following the protocols established for Accreditation Visits.

The TPR process is available only to institutions with a history of strong student outcomes, financial equilibrium, and organizational stability that received a nine or 10-year reaffirmation during their prior review. Institutions elect to be considered for this review pathway. Once affirmed by the Commission, institutions create the “theme(s)” for their self-studies, which are in turn reviewed by WSCUC staff. The institution thus has the freedom and responsibility to choose an activity that will contribute to its ongoing improvement – consistent with its vision and mission – and to document and demonstrate how it conducted and concluded that activity. As part of the TPR, the institution prepares a report consisting of four of the nine self-study report components with the bulk of the narrative dedicated to its theme work. TPR report Components include: Component 1 (Introduction: Institutional Context; Response to Previous Commission Actions); Component 2 (Compliance: Compliance with WSCUC Standards and Federal Requirements Worksheet); Component 8 (Institution-Specific Theme(s)); and Component 9 (Conclusion: Reflection and Plans for Improvement). More information about the TPR is available in the Thematic Pathway for Reaffirmation Guide.

PART IV: COMMISSION DECISIONS ON INSTITUTIONS

The Commission serves as the decision-making and policy-setting body of WSCUC. The Commission is responsible for determining the action taken for eligibility, candidacy, initial accreditation and reaffirmation of accreditation of institutions being reviewed. Following the visit, the Commission reviews the accreditation history of an institution, institutional report and exhibits, the review team's report, the response, if any, of the institution to the review team report, any comments made by the institution's representatives to the Commission subsequent to the review team report, and any other pertinent documents. It bases its decisions on the evaluation of the evidence before it. Institutional representatives have the opportunity to come before the Commission during the panel deliberations prior to Commission action.

The Commission may reaffirm accreditation for a period of six, eight, or 10 years, or impose a sanction or other conditions, in accordance with the 2013 Handbook of Accreditation. Once the Commission has made a decision regarding the accreditation of an institution, it notifies the institution in the form of an action letter as promptly as possible, but no later than 30 days from the Commission meeting. Action letters may contain special conditions, limits, or restrictions, that the institution is expected to follow in order to maintain accreditation. Examples include, but are not limited to: requiring Progress Reports, Interim Reports or Special Visits; and placing restrictions on the initiation of new degree programs, the opening of additional sites, or enrollment growth.

Following Commission actions, all action letters and team reports for candidate and accredited institutions are made publicly available on the WSCUC website. A report of Commission actions is published and distributed following Commission meetings, and each institution's status is noted on the website, in the Directory of Institutions listing. (See [Public Disclosure of Accreditation Documents and Commission Actions Policy](#).)

FORMS OF POSSIBLE COMMISSION ACTION

The forms of possible Commission action with regard to institutions include:

1. Grant Candidacy
2. Grant Initial Accreditation

3. Deny Candidacy or Initial Accreditation
4. Defer Action
5. Reaffirm Accreditation
6. Issue a Formal Notice of Concern
7. Issue a Warning
8. Impose Probation
9. Issue an Order to Show Cause
10. Withdraw Candidacy or Accreditation

In taking an action, the Commission may impose conditions, or request additional reporting or site visits.

Grant Candidacy or Initial Accreditation

(See the [How to Become Accredited Manual](#))

Candidacy: The institution must demonstrate that it meets all of the Standards at a level sufficient for Candidacy and has a clear plan in place to meet the Standards at a level sufficient for Initial Accreditation. Candidacy is limited to five years and is granted only when an institution can demonstrate that it is likely to become accredited during the five-year period.

Initial Accreditation: The institution has met the Standards at a level sufficient for Initial Accreditation. Initial Accreditation is for a period of six years before the next comprehensive review.

Deny Candidacy or Initial Accreditation

Denial of candidacy or initial accreditation reflects the Commission's finding that an institution has failed to demonstrate that it meets all, or nearly all, of the Standards at the required level for candidacy or initial accreditation. In this circumstance, Commission policy provides that an institution may reapply once it has demonstrated that it has addressed the issues leading to the denial. In all cases, it must wait at least one year before reapplying. (See the [Reapplication after Denial of Candidacy or Initial Accreditation Policy](#).) Denial is an appealable action.

Defer Action

Deferral is not a final decision. It is provisional and designed to provide time for the institution to correct specified deficiencies. This action allows the Commission to indicate to an institution the need for additional information or progress in one or

more specified areas before a positive decision can be made. Deferrals are granted for a maximum period of one year.

Reaffirm Accreditation

Reaffirmation of accreditation occurs at the completion of the Institutional Review Process or when an institution is taken off of a sanction. It indicates that the Commission has found that an institution has met or exceeded the expectations of the Standards and the Core Commitments to Student Learning and Success; Quality and Improvement; and Institutional Integrity, Sustainability, and Innovation. Reaffirmation is granted for a period of six, eight or 10 years. The Commission may also request other reports and/or Special Visits, or a formal Notice of Concern.

Issue a Formal Notice of Concern

This action provides notice to an institution that, while it currently meets the Standards, it is in danger of being found out of compliance with one or more Standards if current trends continue. A formal Notice of Concern may also be issued when an institution is removed from a sanction and the Commission wishes to emphasize the need for continuing progress and monitoring. Institutions issued a formal Notice of Concern have a Special Visit within four years to assess progress. A Notice of Concern is public information and will be posted on the WSCUC website. If the Commission's concerns are not addressed by the time of the visit, a sanction is imposed, as described below.

Sanctions

Under U.S. Department of Education regulations, when the Commission finds that an institution fails to meet one or more of the Standards, it is required to notify the institution of these findings and give the institution up to two years from the date of this action to correct the situation. If an institution has not remedied the deficiencies at the conclusion of the two-year sanction period, the Commission is required, under U.S. Department of Education regulations, to take an *adverse action*, defined in the law as the denial or withdrawal of accreditation. Thus, all institutions must address the areas cited by the Commission expeditiously, with seriousness and the full attention of the institution's leadership. It is the responsibility of the Commission to determine, at the end of the sanction period, if the institution has corrected the situation(s) and has come into compliance with the Standards.

The Commission has adopted three sanctions – Warning, Probation, and Show Cause – to inform the institution and the public of the severity of its concerns about an institution's failure to meet one or more Standards or one or more of any conditions or restrictions that were contained in a Commission action letter. Sanctions are not

intended to be applied sequentially. Whichever sanction is imposed, the Commission is required by federal law to withdraw accreditation, rather than to continue the institution under the same or a new sanction for another two-year period, unless clear progress has been made within two years.

All sanctions are made public and are published on WSCUC's website. The institution is also expected to notify its constituents about the Commission action, and WSCUC publishes the Commission action letter and related team report, in accordance with the [Public Disclosure of Accreditation Documents and Commission Actions Policy](#).

In addition, when an institution is placed on a sanction, the Commission typically requests that a meeting be held between WSCUC staff, the institution's chief executive officer, representatives of the institutional governing board, and senior faculty leadership within 90 days following the imposition of the sanction. The purposes of the meeting are to communicate the reasons for the Commission action, to learn of the institution's plan to notify the institutional community about the action, and to discuss the institution's plan for addressing the issues that gave rise to the sanction.

Federal law permits an extension of the two-year time frame when good cause is found. The Commission has determined that it will grant an extension for good cause only under exceptional circumstances and only when the following criteria are met:

1. The institution must have demonstrated significant accomplishments in addressing the areas of noncompliance during the period under sanction, AND
2. The institution must have demonstrated at least partial compliance with the Standard(s) cited, and, for any remaining deficiencies, demonstrate an understanding of those deficiencies, and readiness, institutional capacity, and a plan to remedy those deficiencies within the period of extension granted by the Commission.

In determining whether these criteria have been met, the Commission will also consider whether:

1. The quality of education provided by the institution is judged to be in compliance with the Standards at the time of the extension, AND
2. The Commission has evidence of any new or continuing violations of Standard 1 regarding institutional integrity, AND
3. The Commission has evidence of other reasons or current circumstances why the institution should not be continued for good cause.

The Commission may extend accreditation for good cause for a maximum of two years, depending on the seriousness of the issues involved and on its judgment of

how much additional time is appropriate. By the conclusion of the extension period identified by the Commission, the institution must prepare a report that details its compliance with those Standards cited by the Commission. Demonstrated compliance with the Standards is required and must be supported by verifiable evidence. Progress or promises of future action after such an extension are not sufficient.

Issue a Warning

A Warning reflects the Commission's finding that an institution fails to meet one or more of the Standards of Accreditation. While on Warning, any new site or degree program initiated by the institution is regarded as a substantive change (see the [Substantive Change Manual](#) for details). The candidate or accredited status of the institution continues during the Warning period. The Commission action to issue a Warning is subject to Commission Review, described below.

Impose Probation

Probation reflects the Commission's finding that the institution has serious issues of noncompliance with one or more of the Standards. While on Probation, the institution is subject to special scrutiny by the Commission, which may include a requirement to submit periodic prescribed reports and to receive Special Visits by representatives of the Commission. In addition, while on Probation, any new site or degree program initiated by the institution is regarded as a substantive change (see the Substantive Change Manual for details). The candidate or accredited status of the institution continues during the Probation period. The Commission action to impose Probation is subject to Commission Review, described below.

Issue an Order to Show Cause

An Order to Show Cause is a decision by the Commission to terminate the accreditation of the institution within a maximum period of one year from the date of the Order, unless the institution can show cause as to why such action should not be taken. Such an Order may be issued when an institution is found to be in noncompliance with one or more of the Standards or, having been placed on Warning or Probation for at least one year, has not been found to have made sufficient progress to come into compliance with the Standards. An Order to Show Cause may also be issued as a summary sanction for unethical institutional behavior (see Summary Sanctions for Unethical Institutional Behavior, below). In response to the Order, the institution has the burden of proving why its candidacy or accreditation should not be terminated. The institution must demonstrate that it has responded satisfactorily to Commission concerns, has come into compliance with all Standards, and will likely be able to sustain compliance.

The accredited status of the institution continues during the Show Cause period, but during this period, any new site or degree program initiated by the institution is regarded as a substantive change and requires prior approval. (See the [Substantive Change Manual](#) for details). In addition, the institution may be subject to special scrutiny by the Commission, which may include special conditions and the requirement to submit prescribed reports or receive Special Visits by representatives of the Commission. The Commission action to issue and order to show cause is subject to Commission review, as described below.

Withdraw Candidacy or Accreditation

A decision to withdraw candidacy or accreditation is made by the Commission when an institution has been found to be seriously out of compliance with one or more Standards. Although not required, a decision to withdraw accreditation may be made after an Order to Show Cause or another sanction has been imposed and the institution has failed to come into compliance. When accreditation is withdrawn, a specific date of implementation is specified. An action to withdraw candidacy or accreditation is subject to the WSCUC appeals process. If an institution closes after a withdrawal action, the institution must comply with federal requirements and WSCUC policies about teach-out arrangements. WSCUC has established policies on notice of such actions (See [Public Disclosure of Accreditation Documents and Commission Actions Policy](#)) and on teach-out agreements (see [Teach-out Plans and Agreements Policy](#)). See the Documents list on the WSCUC website for the most current version of these policies.

Summary Sanctions for Unethical Institutional Behavior

If it appears to the Commission or its staff that an institution is seriously out of compliance with Standard One (Defining Institutional Purposes and Ensuring Educational Objectives) in a manner that requires immediate attention, an investigation will be made and the institution will be offered an opportunity to respond on the matter. If the Commission concludes that the institution is seriously out of compliance due to unlawful or unethical action it may:

1. Sever relations if the institution has applied for, but has not yet been granted, candidacy or accreditation; or
2. If the institution is a candidate or accredited, either:
3. issue an Order to Show Cause why its candidacy or accreditation should not be withdrawn at the end of a stated period;

4. in an extreme case, sever its relationship with the institution by denying or withdrawing candidacy or accreditation; or
5. Apply less severe sanctions as deemed appropriate.

COMMISSION REVIEW PROCESS FOR INSTITUTIONS ON SANCTION

Institutions that are placed on Warning, Probation, or Show Cause, or for which applications for accreditation are denied, may request a review of this decision according to the following procedures. These review procedures are designed as a continuation of the accreditation peer review process and are therefore considered to be non-adversarial.

1. When the Commission takes any of the actions listed above, its President will notify the given institution of the decision by a method requiring a signature, within approximately 14 calendar days of the Commission's decision. Said notification shall contain a succinct statement of the reasons for the Commission's decision.
2. If the institution desires a review of the Commission action, it shall file with the President of the Commission a request for a review under the policies and procedures of the Commission. This request is to be submitted by the chief executive officer of the institution and co-signed by the chair of the governing board. Requests for review by an institution in a multi-college system shall also be signed by the chief executive officer of the system. The request for review must be received by a method requiring a signature, within 28 calendar days of the date of the mailing of the Commission's notification of its decision to the institution. The fee for the review process shall accompany the request.
3. Within 21 calendar days after the date of its request for review, the institution, through its chief executive officer, must submit a written statement of the specific reasons why, in the institution's opinion, a review of the Commission's decision is warranted. This written statement shall respond only to the Commission's statement of reasons for the Commission's decision and to the evidence that was before the Commission at the time of its decision. In so doing, the institution shall identify the basis for its request for review in one or more of

the following areas: (1) there were errors or omissions in carrying out prescribed procedures on the part of the review team and/or the Commission which materially affected the Commission's decision; (2) there was demonstrable bias or prejudice on the part of one or more members of the review team or Commission which materially affected the Commission's decision; (3) the evidence before the Commission prior to and on the date when it made the decision that is being questioned was materially in error; or (4) the decision of the Commission was not supported by substantial evidence. The institution may not introduce evidence that was not received by the Commission at the time it made the decision under review. It is the responsibility of the institution to identify in the statement of reasons what specific information was not considered, or was improperly considered, by the visiting team or the Commission and to demonstrate that such acts or omissions were a material factor in the negative decision under review.

The statement of reasons will be reviewed by Commission staff for compliance with this provision. If, in the judgment of Commission staff, the statement of reasons is deficient, it will be forwarded to the Commission chair. Should the Commission chair concur with the judgment of Commission staff, no review committee will be appointed and the statement will be returned to the institution.

If the statement of reasons is returned, the institution will be provided the opportunity to revise the statement within 21 calendar days from the date the notice of return is sent to the institution. Should the institution resubmit its statement of reasons within the prescribed time period, the revised statement will be reviewed by Commission staff. If the revised statement is still found to be deficient, it will be forwarded to the Commission chair. Should the Commission chair concur that the revised statement is deficient, no review committee will be appointed. This action is final.

1. On acceptance of the institution's written statement referred to in 3. above, a committee of three or more persons will be selected by Commission staff to serve as the review committee. A roster of the review committee will be sent to the institution, normally within 30 calendar days of the date of the Commission's receipt of the institution's written statement. No person who has served as a member of the visiting team whose report is subject to review shall be eligible to serve on the review committee. The institution will be provided opportunity to object for cause to any of the proposed review committee members. After giving the institution this opportunity, Commission staff will finalize the membership of the review committee.
2. Within a reasonable period of time after the review committee has been selected, the President of the Commission will schedule a meeting of the review

committee at a location separate from the institution and Commission offices. No assurance can be made that the review committee process will take place in time for the review to be included on the agenda of the next Commission meeting.

3. Prior to the meeting of the review committee, the committee members will review available information. If additional information is needed, the chair of the review committee may request such information from the chief executive officer of the institution, Commission staff, or the visiting team, before, during, or after the meeting of the review committee.
4. The review will be investigative and designed to determine if any of the grounds for review cited by the institution are valid.
5. Commission staff other than the WSCUC liaison for the contested Commission action will assist the review committee as needed. The Committee may interview, among others, Commission readers, the chair or members of the previous visiting team, and the Commission staff member who supported the team visit. Outside legal counsel is not permitted to attend or be present in meetings with the review committee without consent of the review committee chair. If allowed to be present, legal counsel will not be allowed to conduct any part of the proceedings but will be permitted to advise institutional representatives as needed. The Commission legal counsel may advise the review committee, but may not attend those portions of the review committee's meetings when it is meeting with institutional representatives, unless legal counsel for the institution is also permitted to be present.
6. The review committee should open and close its meeting with the chief executive officer or other institutional representatives by attempting to ascertain whether or not the institution has any complaints about any aspect of the review process. All written evidence is to be provided to the review committee together with the institution's request for review. The Commission office shall provide the review committee with documents that were available to the Commission at the time of its action. If additional information is requested from the institution, it is to be provided at least seven business days in advance of the review committee's meeting. The review committee is only allowed to consider evidence that was available to or known by the Commission at the time of its taking action. No new evidence or information relating to actions or events subsequent to the date of the Commission action is to be presented or considered by the review committee.
7. The review committee shall prepare a report that states the reasons for the Commission action, identifies each reason advanced by the institution in its

request for review, and, for each reason, evaluates the evidence that the institution has presented in support of its request for review. In addition, the review committee may evaluate additional evidence that, in its opinion, is relevant to its recommendation to the Commission. The report shall state only findings of fact and not consider or cite any evidence relating to facts or events occurring after the date of Commission action.

8. The chair of the review committee will submit a copy of the review committee's report that is referred to in 10. above to the chief executive officer of the institution, the chair of the institution's governing board, and the President of the Commission, normally within 30 calendar days of the end of the review committee's meeting.
9. In a confidential letter to the Commission, the review committee will recommend whether the Commission decision that is under review should be affirmed or modified. This recommendation of the review committee to the Commission will not be disclosed to the institution being reviewed. The recommendation is not binding on the Commission.
10. Within 14 calendar days of the institution's receipt of the review committee's report, the chief executive officer will submit a written response to the President of the Commission, with a copy to the chair of the review committee, for transmittal to the Commission. The review will be placed on the agenda of an upcoming Commission meeting, for consideration by the Commission.
11. Prior to the Commission meeting, a reader meeting will be conducted by conference call or in person where the chief executive officer of the institution and a limited number of institutional representatives will be invited to discuss the review committee report with those Commissioners designated as readers. The chair of the review committee will also be invited to participate in the call. Discussion at this reader meeting will be confined to the report of the review committee referred to in 10. above and to the institution's response to this report.
12. The Commission readers will report the substance of this meeting to the Commission when it meets. Institutional representatives will be invited to appear before the Commission before it takes action.
13. The Commission will reach a final decision to: (1) reaffirm its original decision; (2) modify it; or (3) reverse it. As soon after the meeting as is practicable, the President of the Commission will notify the chief executive officer of the institution, by a method requiring a signature, of the Commission's decision.

14. Special charges for the review process have been established by the Commission. A list of these charges is available from the Commission office and on the Commission website.
15. The Commission may develop any necessary procedures and instructions to review committees to implement this process. These materials will be available from the Commission office.

SANCTIONS

Seven institutional (formerly regional) accrediting commissions share a common framework and a common understanding of terms for certain actions regarding accredited institutions: Warning, Probation, Show Cause, Withdrawal of Accreditation, Denial of Accreditation, and Appeal.

Public Sanctions

- **Warning:** Indicates that an institution has been determined by the commission(1) not to meet one or more standards(2) for accreditation.
- **Probation:** Indicates that an institution has been determined by the commission not to meet one or more standards for accreditation and is an indication of a serious concern on the part of the commission regarding the level and/or scope of non-compliance issues related to the standards.

By federal regulation, the Commission must take immediate action to withdraw accreditation if an institution is out of compliance with accreditation standards for two years unless the time is extended for good cause.

Show Cause: An institution is asked to demonstrate why its accreditation should not be withdrawn. A written report from the institution and, if specified by the commission, a focused visit are preliminary to a hearing with the commission. Show cause may occur during or at the end of the two-year probation period, or at any time a commission determines that an institution must demonstrate why its accreditation should not be withdrawn (i.e., probation is not a necessary precursor to show cause).

Withdrawal of Accreditation: An institution's accredited status is withdrawn, and with it, membership of the association.

Denial of Accreditation: An institution is denied initial accreditation because it does not meet the requirements for accreditation.

Appeal: The withdrawal or denial of accreditation may be appealed. Institutions remain accredited (or candidates for initial accreditation) during the period of the appeal.

1 *Commission* encompasses decisions made by an appropriate decision-making body of one of the seven institutional accrediting bodies.

2 *Standards* encompasses any requirements for accreditation, including eligibility requirements, standards, criteria, or policies of the commission.

DECISIONS REGARDING ACCREDITATION STATUS

Commission Decisions Regarding Accreditation Status

The Commission will provide written notice to the Secretary of the U.S. Department of Education, the appropriate state licensing or authorizing agency, other accrediting agencies, WSCUC accredited and candidate institutions, and the public no later than 30 days after it makes:

- A decision to grant initial accreditation, candidacy, or reaffirmation.
- A final decision to place an institution on Warning, Probation, or Show Cause.
- A final decision to deny or withdraw candidacy or accreditation.
- Final approval of all substantive and structural changes.

No later than 60 days after a final decision to deny or withdraw accreditation, the Commission will make available to the Secretary of the U.S. Department of Education, the appropriate state licensing or authorizing agency, and the public upon request, a brief statement summarizing the reasons for the agency's decision.

Institutional Decisions Regarding Accreditation Status

The Commission will, within 30 days, notify the Secretary of the U.S. Department of Education, the appropriate state licensing or authorizing agency, and the public upon request, if an institution:

- Voluntarily withdraws from candidacy or accreditation; or
- Allows its candidacy or accreditation to lapse.

Regard for Decisions of Other Agencies

If the Commission is notified by another recognized accrediting agency that an applicant or candidate institution has had a status of recognition with that agency denied, revoked, or withdrawn, the Commission will take such action into account in its own review if it is determined that the other agency's action resulted from an institutional deficiency that reflects a lack of compliance with the WSCUC Standards of Accreditation.

If the Commission is notified by another recognized accrediting agency that an accredited institution has had a status of recognition with that agency revoked, suspended, or withdrawn, or has been placed on a publicly announced probationary status by such an accrediting agency, the Commission will review its own status of recognition of that institution to determine if the other agency's action resulted from an institutional deficiency that reflects a lack of compliance with WSCUC's Standards of Accreditation. If so, the Commission will determine if the institution's status with the Commission needs to be called into question, or if any follow-up action is needed.

If the Commission is notified by a state agency that an applicant, candidate, or accredited institution has been informed of suspension, revocation, or withdrawal of the institution's legal authority to provide postsecondary education, the Commission will review its own status of recognition for that institution to determine compliance with the Standards of Accreditation. If the Commission finds the institution is no longer in compliance with the Standards, the Commission will determine the appropriate action to be taken.

In implementing this policy, the Commission relies on other accrediting bodies and state agencies to inform the Commission of their actions so that the Commission can undertake the review specified in this policy. Applicants for eligibility with the Commission shall provide information on any actions by a recognized accrediting association within the past five years. In addition, the Commission requires candidate and accredited institutions holding accredited or candidate status from more than one

U.S. Department of Education recognized accrediting body to keep each accrediting body apprised of any change in its status with one or another accrediting body.