



HANDBOOK FOR
INSTITUTIONS SEEKING
INITIAL ACCREDITATION

Southern Association of Colleges and Schools
Commission on Colleges

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Chapter 1: An Overview of Accreditation in the United States and SACSCOC

Accreditation in the United States is a voluntary and self-regulatory mechanism of the higher education community. It plays a significant role in fostering public confidence in the educational enterprise, maintaining standards, enhancing institutional effectiveness, and improving higher education by establishing a common set of requirements with which accredited institutions must comply. In addition, accredited status with an institutional accreditor recognized by the United States Department of Education (USDOE) enables institutions to seek access to federal financial aid funds for students.

Types of Accrediting Agencies

Accrediting agencies recognized by USDOE reflect three basic approaches to accreditation: (1) national accreditation; (2) programmatic accreditation; and (3) regional accreditation. National and regional agencies accredit *institutions*; programmatic agencies accredit *programs* within institutions.

National Accrediting Agencies. National accreditors accredit specific types of institutions wherever located. USDOE recognizes national faith-based accreditors which review religiously-affiliated or doctrinally-based institutions. USDOE also recognizes national career-related accreditors which review institutions whose missions focus primarily on degree programs designed to meet the needs of the job market.

Programmatic Accrediting Agencies. USDOE recognizes approximately forty programmatic accreditors (also known as specialized accreditors) which accredit programs within institutions. Programmatic accreditors do not accredit entire institutions but instead accredit such programs as education, law, music, dentistry, occupational therapy, and nursing.

Regional Accrediting Agencies. Seven regional accrediting agencies operate in the six U.S. regions. (See Figure 1.) Regional accrediting agencies accredit institutions including all programs and sites of each institution.

Figure 1: The Six Accrediting Regions



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

The Southern Association of Colleges and Schools (SACS)

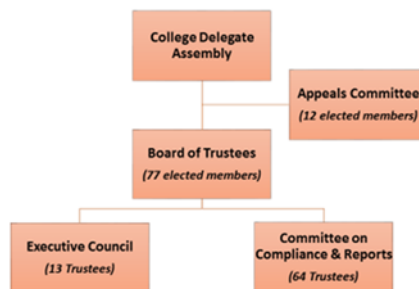
SACS is a private, nonprofit, voluntary organization founded in 1895 and located in Atlanta, Georgia. The Association is comprised of the Commission on Colleges (SACSCOC), which accredits higher education degree-granting institutions, and the Council on Accreditation and School Improvement (SACS CASI), which accredits elementary, middle, and secondary schools. The Commission and Council carry out their missions with considerable autonomy; they develop their own standards and procedures and govern themselves by a delegate assembly.

Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)

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

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

Figure 2: SACSCOC



The College Delegate Assembly. The College Delegate Assembly comprises one voting representative (the CEO or the CEO's designee) from each member institution. Its responsibilities include (1) electing the SACSCOC Board of Trustees, (2) approving all revisions in accrediting standards recommended by the SACSCOC Board, (3) approving the dues schedule for candidate and member institutions as recommended by the SACSCOC Board, (4) electing an Appeals Committee to hear appeals of adverse accreditation decisions, and (5) electing representatives to the SACSCOC Board. The College Delegate Assembly convenes for business during the SACSCOC Annual Meeting in December.

The SACSCOC Board of Trustees. The 77 elected members of the SACSCOC Board of Trustees are primarily administrators and faculty from member institutions; however, 11 (one from each state in the region) are public members from outside the academy. Each state has at least four trustees (one from a Track A institution [institutions with undergraduate programs only], two from a Track B institution [institutions with graduate programs], and one from the public); the remaining 33 members hold at-large positions that are apportioned among the states to ensure representation for both Track A and B institutions, as well as an effort to represent proportionally the states within the SACSCOC region. One of the at-large positions is designated for representation from one of the internationally accredited institutions. The Board is responsible for (1) recommending to the College Delegate Assembly standards for candidacy and for membership; (2) authorizing special visits to institutions; (3) taking final action on the accreditation status of applicant, candidate, and member institutions; (4) nominating to the College Delegate Assembly individuals for election to the SACSCOC Board of Trustees; (5) electing the Executive Council; (6) appointing *ad hoc* study committees as needed; and (7) approving the policies and procedures of SACSCOC. The Board meets twice a year.

The Executive Council. The 13-member Executive Council (one trustee from each of the region's 11 states, one public member, and the chair of the SACSCOC Board of Trustees) is the executive arm of the Commission and functions on behalf of the SACSCOC Board of Trustees and the College Delegate Assembly between meetings; however, the actions of the Executive Council are subject to review and approval by the SACSCOC Board. The Executive Council (1) interprets Commission policies and procedures; (2) develops procedures for and supervises the work of *ad hoc* and standing committees of SACSCOC; (3) approves the goals and objectives of SACSCOC; (4) reviews and approves the Commission's budget; (5) oversees and annually evaluates the work of its president; and (6) initiates new programs, projects, and policy proposals. The Executive Council meets three times a year.

The Committees on Compliance and Reports. Standing committees of the SACSCOC Board of Trustees, the Committees on Compliance and Reports (C&R Committees) review (1) most Applications for Membership; (2) applications/prospectuses for substantive changes requiring Board approval (note that institutions seeking candidacy or initial accreditation cannot undertake substantive changes); (3) reports prepared by peer committees (including the two primary reports that are part of the initial accreditation process – the Report of the Candidacy Committee and the Report of the Accreditation Committee); (4) institutional responses to reports prepared by peer committees; and (5) other reports requested by the SACSCOC. C&R Committee recommendations resulting from the analysis of these documents are forwarded to the Executive Council for review. In addition to the elected trustees who serve on C&R Committees,

membership may be expanded to include temporarily appointed special readers whose expertise – typically in the areas of finance, institutional effectiveness, and library/ learning resources – is germane to the compliance issues under review. C&R Committees meet twice a year prior to the meetings of the SACSCOC Board of Trustees.

The Appeals Committee. The 12-member Appeals Committee is elected by the College Delegate Assembly from former members of the SACSCOC Board of Trustees. The role of the Appeals Committee is to hear appeals of adverse actions taken by the SACSCOC Board of Trustees related to an applicant, candidate, or member institution. Specifically, the following actions are appealable:

- Denial of candidacy for initial accreditation
- Removal from candidacy for initial accreditation
- Denial of initial membership (initial accreditation)
- Removal from membership (loss of accreditation)

Additional details on the composition, selection, and duties of the above bodies can be found in SACSCOC policies [Standing Rules: SACSCOC Board of Trustees, Executive Council, and the College Delegate Assembly](#) and [Appeals Procedures of the College Delegate Assembly](#).

SACSCOC Philosophy

[*The Principles of Accreditation*](#) is the primary document outlining the underlying philosophy of SACSCOC. That document contains the following “Philosophy of Accreditation:”

Self-regulation through accreditation embodies a philosophy that a free people can and ought to govern themselves through a representative, flexible, and responsive system. Decentralization of authority honors the rich diversity of educational institutions in our pluralistic society and serves to protect both institutional autonomy and the broader culture of academic freedom in our global society. The empowerment flowing from self-regulation promotes both innovation and accountability in achieving the goals of educating and training citizens in a representative democracy. Consistent with these overarching values, accreditation is best accomplished through a voluntary association of educational institutions. Both a process and a product, accreditation relies on integrity; thoughtful and principled professional judgment; rigorous application of requirements; and a context of trust. The process provides an assessment of an institution’s effectiveness in the fulfillment of its self-defined mission; its compliance with the requirements of its accrediting association; and its continuing efforts to enhance the quality of student learning and its programs and services. Based on rigorous analysis and reasoned judgment, the process stimulates evaluation and improvement, while providing a means of continuing accountability to the institutions’ stakeholders and to the public.

The culmination of the accreditation process is a public statement of an institution’s continuing capacity to provide effective programs and services based on agreed-upon requirements. The statement of an institution’s accreditation status with SACSCOC also

represents an affirmation of an institution's continuing commitment to the Commission's principles and philosophy of accreditation.

The membership expects its peers to dedicate themselves to enhancing the quality of their programs and services within the context of their respective resources and capacities and to create an environment in which teaching and learning, research, and public service occur, as appropriate to the institution's self-defined mission.

At the heart of SACSCOC's philosophy of accreditation, the concept of quality enhancement assumes that each member institution is engaged in ongoing improvement of its programs and services and can demonstrate how well it fulfills its stated mission. Although evaluation of an institution's educational quality and effectiveness in achieving its mission is a difficult task requiring careful analysis and professional judgment, an institution is expected to document the quality and effectiveness of all its programs and services.

SACSCOC supports the right of an institution to pursue its own educational mission as inherent in fundamental values of institutional autonomy; the right of faculty members to teach, investigate, and publish freely; and the right of students to access opportunities for learning and for the open expression and exchange of ideas. However, exercising these rights should not substantially interfere with the overriding obligation of an institution to offer a sound educational experience that optimizes student achievement outcomes. [pp. 4-5]

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

Key SACSCOC Policies and Materials

The SACSCOC website (www.sacscoc.org) is a rich repository of materials that can assist institutions through the process of achieving and maintaining accreditation. From the perspective of compliance, [*The Principles of Accreditation: Foundations for Quality Enhancement*](#) and SACSCOC policies and procedures are binding documents for all institutions. Guidelines, good practices, and position statements are advisory and consultative in nature. Forms provide templates for moving through the initial accreditation process. Links to primary documents are found on the webpage, and other materials can be accessed elsewhere, principally through "[Institutional Resources](#)" and "[Policies and Publications](#)." The Glossary Chapter of this *Handbook* provides a lexicon of accreditation terminology with cross-references to sections of this *Handbook* and to resources on the SACSCOC website.

The Principles of Accreditation: Foundations for Quality Enhancement. Because it provides the Commission's formal statement of its accreditation process and standards, [*The Principles of Accreditation: Foundations for Quality Enhancement*](#) is the SACSCOC's primary source document for submitting an application and for initial accreditation reviews. Institutional participants in the development of the Application for Membership (which is addressed in Chapter 2 of this *Handbook*) and the Compliance Certification (which is addressed in Chapter 5)

should consult [*The Principles of Accreditation*](#) throughout the process. The *Principles* is composed of 14 sections, as follows:

Section 1, the Principle of Integrity: Institutional integrity is essential to the purpose of higher education. Integrity functions as the basic covenant defining the relationship between the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) and member, candidate, and applicant institutions. The principle serves as the foundation of a relationship in which all parties agree to deal honestly and openly with both their constituencies and with one another.

Section 2, Mission: A clearly defined and comprehensive mission guides the public's perception of the nature of the institution. It conveys a sense of the institution's uniqueness and identifies the qualities, characteristics and values that define the institution's role and distinctiveness within the diverse higher education community. Fundamental to the structure of an institution's effectiveness review, the mission reflects a clear understanding of the institution by its governing board, administration, faculty, students, staff and all constituents.

Section 3, Basic Eligibility Requirement: SACSCOC accredits degree-granting institutions in the southern region of the United States and those operating in select international locations. To gain or maintain accreditation with SACSCOC, an institution is a continuously functioning organization legally authorized to grant degrees and other academic credentials, and is able to demonstrate compliance with SACSCOC standards and policies.

Section 4, Governing Board: The institution's governing board holds in trust the fundamental autonomy and ultimate well-being of the institution. As the corporate body, the board ensures both the presence of viable leadership and strong financial resources to fulfill the institutional mission. Integral to strong governance is the absence of undue influence from external sources.

Section 5, Administration and Organization: The institution's chief executive officer has ultimate responsibility for priorities and initiatives that advance its board-approved mission, goals, and priorities. The chief executive officer oversees an organizational structure that includes key academic and administrative officers and decision makers with credentials appropriate to their respective responsibilities.

Section 6, Faculty: Qualified, effective faculty members are essential to carry out the mission of the institution and to ensure the quality and integrity of its academic program. The tradition of shared governance within American higher education recognizes the importance of both faculty and administrative involvement in the approval of educational programs. Because student learning is central to the institution's mission and educational degrees, the faculty has responsibility for directing the learning enterprise including overseeing and coordinating educational programs to ensure that each contains essential curricular components, has appropriate content and pedagogy, and maintains discipline currency. Achievement of the institution's mission with respect to teaching, research, and service requires a critical mass of full-time qualified faculty to provide direction and oversight of the academic programs. Due to this significant role, it is imperative that an effective system of evaluation be in place for all faculty members that takes into account the institution's obligations to foster intellectual freedom of faculty to teach, serve, research, and publish.

Section 7, Institutional Planning and Effectiveness: Effective institutions demonstrate a commitment to the principles of continuous improvement. These principles are based on a systematic and documented process of assessing institutional performance with respect to mission in all aspects of the institution. An institutional planning and effectiveness process involves all programs, services and constituencies; is linked to the decision-making process at all levels; and provides a sound basis for budgetary decisions and resource allocations. The Quality Enhancement Plan (QEP) is an integral component of the reaffirmation of accreditation process and is derived from an institution's ongoing comprehensive planning and evaluation processes. It reflects and affirms a commitment to enhance overall institutional quality and effectiveness by focusing on an issue the institution considers important to improving student learning outcomes and /or student success.

Section 8, Student Achievement: Student learning and student success are at the core of the mission of all institutions of higher learning. Effective institutions focus on the design and improvement of educational experiences to enhance student learning and support student learning outcomes for its educational programs. To meet the goals of educational programs, an institution provides appropriate academic and student services to support student success.

Section 9, Educational Program Structure and Content: Collegiate-level educational programs emphasize both breadth and depth of student learning. The structure and content of a program challenges students to integrate knowledge and develop skills of analysis and inquiry. General education is an integral component of an undergraduate degree program through which students encounter the basic content and methodology of the principle areas of knowledge. Undergraduate and graduate degrees develop advanced expertise in an integrated understanding of one or more academic disciplines or concentrations. The institution is responsible for the delivery of an appropriate portion of the academic experiences applicable to the degrees or credentials awarded.

Section 10, Educational Policies, Procedures, and Practices: Effective academic policies related to an institution's educational programs are developed in concert with appropriate input and participation of the constituencies affected by the policies, conform to commonly accepted practices and policies in higher education, accurately portray the institution's programs and services, and are disseminated to those benefiting from such practices. These academic policies lead to a teaching and learning environment that enhances the achievement of student outcomes and success. To advance learning, all coursework taken for academic credit has rigor, substance, and standards connected to established learning outcomes. To protect the integrity of degrees offered, the institution is responsible for the quality of all coursework transcribed as if it were credit earned from the institution.

Section 11, Library and Learning/Information Resources: To provide adequate support for the institution's curriculum and mission, an institution's students, faculty, and staff have access to appropriate collections, services, and other library-related resources that support all educational, research, and public service programs wherever they are offered and at the appropriate degree level. The levels and types of educational programs offered determine the nature and extent of library and learning resources needed to support the full range of the institution's academic programs. Qualified, effective staff are essential to carrying out the goals of a library/learning resource center and the mission of the institution, and to contributing to the quality and integrity of academic programs.

Section 12, Academic and Student Support Services: Student success is significantly affected by the learning environment. An effective institution provides appropriate academic and student support programs and services, consistent with the institution's mission, that enhance the educational and personal development experience(s) of students at all levels; contribute to the achievement of teaching and learning outcomes; ensure student success in meeting the goals of the educational programs; and provide an appropriate range of support services and programs to students at all locations. Qualified and effective faculty and staff are essential to implementing the institution's goals and mission and to ensuring the quality and integrity of its academic and student support programs and services. An effective institution has policies and procedures that support a stimulating and safe learning environment.

Section 13, Financial and Physical Resources: Although missions vary among institutions, both a sound financial base and a pattern of financial stability provide the foundation for accomplishing an institution's mission. Adequate financial resources allow for deliberate consideration of the effective use of institutional resources to fulfill that mission. Adequate physical resources are essential to the educational environment and include facilities that are safe and appropriate for the scope of the institution's programs and services. It is reasonable that the general public, governmental entities, and current and prospective students expect sufficient financial and physical resources necessary to sustain and fulfill the institution's mission.

Section 14, Transparency and Institutional Representation: An institution is responsible for representing accurately to the public its status and relationship with SACSCOC; reporting accurately to the public its status with state or the federal government if receiving funding from either or both; maintaining openness in all accreditation-related activities; ensuring the availability of institutional policies to students and the public; and publishing appropriate information with respect to student achievement. SACSCOC's philosophy of accreditation precludes removal from or denial of membership or candidacy to a degree-granting institution of higher education on any ground other than an institution's failure to meet the standards of the membership as determined by the professional judgment of peer reviewers, or failure to comply with SACSCOC's policies and procedures.

SACSCOC Policies and Procedures. A policy is a required course of action to be followed by SACSCOC or its applicant, candidate or member institutions. SACSCOC policies may also include procedures, which are likewise a required course of action to be followed by SACSCOC for its applicant, candidate or member institutions. [*The Principles of Accreditation*](#) requires that an institution comply with the policies and procedures of the Commission. Available at www.sacscoc.org, SACSCOC policies are updated following the meetings of the SACSCOC Board of Trustees. Examples of policies include [Integrity and Institutional Obligations to SACSCOC](#), which provides helpful insight into the Commission's Integrity Principle, and the [Distance and Correspondence Education](#) policy to assist institutions in identifying compliance considerations embedded in these modes of delivery. Taking the time to become acquainted with SACSCOC policies early in the accreditation process is recommended for doing so can help to ensure that the institution has adequate time to build a documented history of compliance which will be reviewed by the candidacy and accreditation committees, and, after it gains membership, the reaffirmation committee.

SACSCOC Guidelines. Approved by the Executive Council, a guideline is an advisory statement describing recommended educational practices for documenting compliance. As such, guidelines are examples of commonly accepted practices that constitute compliance with a standard. Depending on the nature and mission of the institution, however, other approaches may be more appropriate and also provide evidence of compliance. Guidelines are also available at www.sacscoc.org. Institutions considering applying for initial accreditation might want to explore [The Accreditation Liaison](#) guideline, which provides guidance for establishing an effective working relationship with SACSCOC.

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

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

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

Chapter 2: The Initial Accreditation Process

Documents Required During the Initial Accreditation Process

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

The Application for Membership. Available on the “[Application Information](#)” webpage, the Application for Membership serves two purposes. Review of the *initial* Application for Membership and its subsequent revisions is the basis for the determination of whether or not a candidacy committee visit will be authorized. The *updated* Application for Membership is the primary documentation of compliance used by the candidacy committee during its on-site review of the applicant institution. Chapter 3 addresses preparation of the Application.

The Compliance Certification. The Compliance Certification, which is also available through the “[Application Information](#)” webpage, is the document completed by the institution for the Accreditation Committee in order to demonstrate the institution’s compliance with the core requirements and the other standards (except for Standard 7.2 [Quality Enhancement Plan]). Chapter 5 addresses the preparation of the Compliance Certification. The signatures of the CEO and the Accreditation Liaison on the Compliance Certification are a “bond of integrity” that attests to the institution’s honest, forthright, and comprehensive institutional analysis and the accuracy and completeness of its findings.

The Institutional Summary Form Prepared for Commission Review. The Institutional Summary Form includes the following information: a list of educational programs and degrees offered, identification of governance control, a brief history and institutional characteristics, a list of off-campus sites and distance learning modalities, accreditation status with other agencies, and the institution’s relationship with the U.S. Department of Education. It is provided to the SACSCOC staff member and to each peer reviewer on both the candidacy committee and the accreditation committee. Available under “[Institutional Resources](#),” this document is used to help plan the committee visits as well as to provide an official record of the programs, sites, and delivery modes included in the on-site reviews.

Institutional Profiles. Institutional Profiles are submitted annually to the Commission by candidate and member institutions to provide updates of general institutional information, financial information, and enrollment data. This information is maintained by the Commission and is made available to the Off-Site Reaffirmation Committee to use during the reaffirmation process to identify financial trends and other indicators of institutional stability. Profile data are also used to calculate dues billings for candidate and member institutions.

SACSCOC will honor requests by agencies, institutions, or individuals for accreditation documents such as those listed above only upon receipt of written approval of disclosure by the institution or after proper subpoena and/or court order. If an institution’s documents are sought by subpoena or court order, the Commission will notify the institution of its intent to comply

with the request. SACSCOC may share its correspondence with applicant and candidate institutions with other accrediting commissions of higher education, the Council for Higher Education Accreditation, or the U.S. Department of Education in conjunction with the recognition process. SACSCOC policy [Disclosure of Accrediting Documents and Actions of SACSCOC](#), available at www.sacscoc.org, details procedures for the release of accreditation information and documents.

Methods of Submission

The institution must submit (1) four electronic copies of the initial Application for Membership (flash drive) with narrative describing compliance and links to supporting documentation and (2) one hard copy of the application including a hard copy of faculty rosters. After the institution has been authorized to receive an accreditation committee visit, it must send ***one paper copy*** of the signed Compliance Certification (without the supporting documentation) and two paper copies of the audit and management letter for the most recently completed fiscal year to the institution's ***SACSCOC staff member***. Aside from these paper copies, the Compliance Certification with supporting documentation may be submitted in electronic form. A paper copy of the most recent audit and management letter (if issued in conjunction with audited financial statements) should also be sent to the ***chair of the candidacy committee, the chair of the accreditation committee, and the finance evaluator on each of those committees.***

Steps in the Initial Accreditation Process

The steps in the accreditation process from submission of the application through candidacy status to membership (i.e., initial accreditation) are described in [Accreditation Procedures for Applicant Institutions](#) which can be found under “[Application Information](#)” on the SACSCOC website. These steps include four phases of the accreditation process: (1) building a foundation of understanding by the institution concerning the application process; (2) the initial paper review of the application submitted by an applicant institution; (3) if authorized to receive a candidacy committee visit, the on-site review by a candidacy committee; and (4) the on-site review(s) by an accreditation committee. The general timeframe for these steps is addressed in the next section of this chapter.

The shortened initial accreditation process for centers, campuses, and other sites of member institutions seeking separate accreditation is detailed in SACSCOC policy [Separate Accreditation for Units of a Member Institution](#). There is no provision for candidacy in the process for separate accreditation of a unit of a SACSCOC member institution. The unit remains accredited under the parent campus until separate accreditation is achieved.

Phase 1: Building a Foundation of Understanding

1. **The Pre-Applicant Workshop.** Prior to submitting an Application for Membership, all prospective applicants (including campuses of member institutions seeking separate accreditation) are **required** to attend a one-day Workshop for Pre-Applicants, which is designed to (1) review the procedures for attaining membership; (2) provide an understanding of SACSCOC and its accreditation procedures; and (3) explain how to complete the application. This workshop is held two times a year – in April and October – at

SACSCOC's office in Decatur, GA. Registration closes two weeks before the workshop. Because workshop space is limited, institutions may register a maximum of two persons. The workshop agenda and registration form are available at www.sacscoc.org under "[Application Information](#)."

2. **The Pre-Applicant Institutional Effectiveness Workshop.** Institutions sending persons to the Workshop for Pre-Applicants are **required also** to send persons to a one-day Institutional Effectiveness Workshop for Pre-Applicants, which is designed to illustrate how to write adequate narratives and appropriately document compliance with the SACSCOC standards that have historically proven most difficult for applicants to address – Core Requirement 7.1 and Standards 7.3, 8.2.a, 8.2.b, and 8.2.c. This workshop is held two times a year – in April, and October – at SACSCOC's office in Decatur, GA, on the day following the Workshop for Pre-Applicants. Registration closes two weeks before the workshop. Because workshop space is limited, attendance is limited to two individuals per institution. The workshop agenda and registration form are available at www.sacscoc.org under "[Application Information](#)."

Phase 2: Initial Paper Review

3. **Preparation of the Initial Application.** The institution prepares and submits its Application for Membership, including all relevant supporting documentation. Chapter 3 addresses preparation of the two parts of the Application for Membership.
4. **Discussion of the Staff Analysis of the Initial Application.** One member of the SACSCOC staff is assigned responsibility for reviewing all applications. Generally within six months of receipt of the application, that staff member looks very closely at the narration and documentation submitted and emails the institution's CEO an in-depth analysis of the strengths and weaknesses of the initial Application for Membership. A conference call is then scheduled with the institution to discuss this analysis.
5. **Submission of the Revised Application.** Following discussion of the analysis of the original submission, the applicant institution is invited to submit supplementary information to enhance its narratives and documentation of compliance.
6. **Authorization of a Candidacy Committee Visit.** In order for a candidacy committee visit to be authorized, the Application for Membership must document compliance with the Core Requirements and Standards of [The Principles of Accreditation](#) listed in Table 1 below. Additionally, the institution must meet the Financial Requirements for Applicants and Candidates as described in [Accreditation Procedures for Applicant Institutions](#).

Table 1: Requirements and Standards in Application for Membership

Standard Number	Descriptor	Core Requirement
1.1	Integrity	✓
2.1	Institutional mission	✓
3.1.a	Degree-granting authority	✓
3.1.b	Coursework for degrees	✓
3.1.c	Continuous operation	✓
4.1	Governing board characteristics	✓
4.2.c	CEO evaluation/selection	
4.2.d	Conflict of interest	
5.1	Chief executive officer	✓
5.4	Qualified administrative/ academic officers	
6.1	Full-time faculty	✓
6.2.a	Faculty qualifications	
6.2.b	Program faculty	
7.1	Institutional planning	✓
7.3	Administrative effectiveness	
8.1	Student achievement	✓
8.2.a	Student outcomes: educational programs	
8.2.b	Student outcomes: general education	
8.2.c	Student outcomes: academic and student services	
9.1	Program content	✓
9.2	Program length	✓
9.3	General education requirements	✓
10.2	Public information	
10.5	Admissions policies and practices	
10.6	Distance and correspondence education (all parts)	
10.7	Policies for awarding credit	
11.1	Library and learning/information resources	✓
11.2	Library and learning/information staff	
11.3	Library and learning/information access	
12.1	Student support services	✓
12.4	Student complaints	
13.1	Financial resources	✓
13.2	Financial documents	✓
13.6	Federal and state responsibilities	
13.7	Physical resources	
14.1	Publication of accreditation status	
14.3	Comprehensive institutional reviews	
14.4	Representation to other agencies	
14.5	Policy compliance	

While the President of SACSCOC, upon recommendation by staff members reviewing the application, can authorize a candidacy committee visit, for the majority of applicant institutions authorization of a candidacy committee visit results from the following process: review of the revised Application including the audit for the most recently completed fiscal year by one of the Committees on Compliance and Reports, the Committee's recommendation to the Executive Council, and subsequent authorization by the SACSCOC Board of Trustees at its June or December meeting. If authorization of a candidacy committee visit is denied by the Board of Trustees, the current application process ends; however, an institution may choose to re-apply and submit a subsequent Application for Membership at its discretion.

Phase 3: On-Site Review by a Candidacy Committee

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

7. **Preparation for the Candidacy Committee's Visit.** The institution prepares an *updated* Application for Membership including the audit for the most recently completed fiscal year and sends it, along with the Institutional Summary Form Prepared for Commission Reviews, catalog(s), and written response to third-party comment (if applicable), to the candidacy committee and to the assigned SACSCOC staff member. Chapter 4 provides guidelines for developing the packet of materials for the visit and for hosting the committee.
8. **The Candidacy Committee's Visit and Report.** The candidacy committee visits the institution, including off-campus sites (if applicable) to verify the information presented in the updated Application for Membership. The committee completes the Report of the Candidacy Committee, which is submitted to the SACSCOC Board of Trustees. The institution's SACSCOC staff member transmits a copy of the candidacy committee's final report to the institution. Chapter 4 discusses the role and responsibilities of this committee, the daily schedule for its visit, and the report that it writes.
9. **SACSCOC Board Action.** After review of the primary document – the Report of the Candidacy Committee – and any supplemental materials that may have been identified by the candidacy committee for SACSCOC Board review, the Board either awards candidacy status for a maximum of four years (with renewal within two years of the date when it was granted candidacy), or denies candidacy status. If candidacy is denied, the application process ends; however, denial of candidacy is appealable.

Phase 4: On-Site Review by an Accreditation Committee

10. **Preparation for the Accreditation Committee's Visit.** Generally, within six months of the award of candidacy status, the assigned SACSCOC staff member visits the institution to consult on preparation of the Compliance Certification for the upcoming visit of the accreditation committee. The institution sends its Compliance Certification, along with the Institutional Summary Form Prepared for Commission Reviews, catalog(s), and written response to third-party comment (if applicable), to the accreditation committee and to the assigned SACSCOC staff member. Chapter 5 of this handbook provides guidelines for developing the packet of materials for the visit and for hosting the accreditation committee.

- 11. The Accreditation Committee's Visit and Report.** Within eighteen months of the date the institution achieved candidacy status, the accreditation committee visits the institution, including a selection of off-campus sites (if applicable) to verify the information presented in the Compliance Certification. The committee completes the Report of the Accreditation Committee, which is submitted to the SACSCOC Board of Trustees. The institution's SACSCOC staff member transmits a copy of the accreditation committee's final report to the institution. Chapter 5 discusses the role and responsibilities of this committee, the daily schedule for its visit, and preparation for SACSCOC Board action. During the five months immediately following the committee's on-site review, the institution prepares a response to the recommendations in the Report of the Accreditation Committee and submits it to the assigned SACSCOC staff member, who sends a copy of the response to the chair of the accreditation committee for evaluation.
- 12. SACSCOC Board Action.** After review of the three primary initial accreditation documents – Report of the Accreditation Committee, the institution's Response to the Visiting Committee Report, and the chair's analysis of the institution's response – along with an analysis of the institution's response by the SACSCOC staff member – the SACSCOC Board of Trustees either awards initial accreditation, continues the institution in candidacy, or removes the institution from candidacy (removal from candidacy is an appealable action). An institution that is continued in candidacy after its first accreditation committee visit must address the concerns identified by the Board of Trustees, host a second accreditation committee visit, and be placed on the agenda of a Committee on Compliance and Reports seeking membership no later than four years after it was awarded candidacy status.

Timeline

After an institution has attended the Pre-Applicant Workshop, the time required to move through the remaining steps and achieve initial accreditation varies widely. A best case scenario would allow an institution to complete the process in approximately three and a half years. After attending the Pre-Applicant Workshop, many institutions realize that they must devote six, twelve, or eighteen months or more to growing into compliance with such issues as institutional effectiveness or faculty qualifications.

Applications are reviewed in the order received, normally within six months of submission. The time required to address weaknesses cited in the staff analysis of the initial Application varies among institutions from several weeks to several months to a year. SACSCOC staff will assist the institution in developing a timeline as it proceeds through the steps. The timing of the campus visit by the candidacy committee will be determined by the available dates on the SACSCOC staff member's calendar. The visit will normally occur so that the institution can be placed on the agenda of the Board of Trustees no later than twelve months after the visit has been authorized. It is important for the institution to remember that the financial audit for the most recently completed fiscal year must be available for review by the candidacy committee and subsequently the Board of Trustees. (See the note concerning submission of audits throughout the process in SACSCOC policy [Accreditation Procedures for Applicant Institutions](#)).

Institutions must develop an expected timeline that takes into consideration (1) their compliance with the core requirements and standards at the time they attend the Pre-Applicant Workshop, (2) the extent to which their institutional staff understand SACSCOC expectations for compliance and can therefore write effective narratives and select documentation, (3) the pace at which their institutional culture can be expected to embrace SACSCOC standards in areas that need enhancement, and (4) the institutional capacity to devote sufficient time to complete two major documents – the Application for Membership and the Compliance Certification – and to host two or more on-site reviews. Perhaps the most important factor for consideration in developing a timeline is the institution’s timeline for securing financial audits. Because SACSCOC policy requires a separate audit and management letter for the three most recent fiscal years ending prior to submission of the Application for Membership and the most recent audit for the most recently completed fiscal year prior to any Board of Trustees review or for any committee visit for candidacy, candidacy renewal, or initial accreditation, the availability of audits for the most recent fiscal year plays a significant role in facilitating or delaying an institution’s progress through the initial accreditation process.

Responsibilities During the Initial Accreditation Process

The Leadership Team. Most applicant institutions establish a Leadership Team to manage and validate the internal institutional assessment of compliance with the core requirements and standards in Part B of the Application for Membership and in the Compliance Certification. Some institutions elect to give responsibility for conducting this analysis of compliance to an existing committee/council; others form an *ad hoc* group for this particular purpose. This team should include individuals who have the skills, knowledge, and authority to lead this effort and who have access to the required data and information. The responsibilities of the Leadership Team include, but are not limited to:

- Coordinating and managing the internal process for achieving candidacy status and initial accreditation, including developing the structure and timelines for ensuring the timely completion of all tasks.
- Coordinating the completion of the Application for Membership and the Compliance Certification by overseeing the institutional review of compliance with [*The Principles of Accreditation*](#) and the documentation of evidence supporting that compliance.
- Ensuring that the institutional community is engaged in the initial accreditation process and is informed of its progress.
- Overseeing the completion and ensuring the accuracy of the Institutional Summary Form submitted to the candidacy committee and updated for the accreditation committee.
- Overseeing preparations for the two on-site visits.
- Ensuring that the appropriate follow-up activities are in place to address compliance issues cited during the discussion of the initial Application for Membership, recommendations written by the accreditation committee, and requests for subsequent monitoring reports by the SACSCOC Board of Trustees.

The Chief Executive Officer. The CEO is expected to provide active leadership and ensure continuing support for the initial accreditation process. Often, the CEO is one of the two

institutional representatives who attend the Pre-Applicant Workshop; the CEO also typically joins the Leadership Team for the discussion of the staff analysis of the initial Application for Membership. Additionally, the CEO is responsible for the following:

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

The Accreditation Contact. When the Application for Membership is submitted, the applicant institution is asked to designate one of the members of the Leadership Team as the Accreditation Contact. The assigned SACSCOC staff member and the chair of the candidacy committee will work closely with the institution's Accreditation Contact as the Application undergoes its initial review and as the institution prepares for the first on-site review. After an institution achieves candidacy status, it will be asked to appoint an Accreditation Liaison, whose role is described at the end of Chapter 4.

The Governing Board. As the active policy-making body for the institution, principal authority for embarking on the process of securing initial accreditation rests with the governing board. After this decision has been made, the board must assume responsibility for supporting the process by ensuring adequate financial resources to cover both the direct and indirect costs. The board members should become familiar with both the process for initial accreditation, the documents prepared by the institution, the two reports developed by visiting committees, and the correspondence that documents official action taken by the SACSCOC Board of Trustees. For this reason, institutional board members are invited to attend the staff advisory sessions that follow the granting of candidacy status. Some members of the institution's board are expected to schedule time to talk with representatives of the candidacy committee and the accreditation committee during their visits to campus.

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

- Reviewing and providing an analysis of the Application for Membership.
- Placing the application on the agenda of the C&R Committee for authorization of a candidacy committee visit.
- Establishing a positive working relationship with the institution's Leadership Team as preparations are made for the two on-site reviews.
- Providing information to the institution that it will need in carrying out its responsibilities during the initial accreditation process.

- Providing appropriate advisory services related to the initial accreditation process.
- Serving as liaison between the candidacy committee, the accreditation committee, and the institution.
- Selecting, structuring, and advising the two visiting committees and assisting them during on-site reviews.
- Consulting with the institution as it prepares its Response to the Report of the Accreditation Committee, if a response is required.
- Being available for consultation with the institution if the SACSCOC Board of Trustees requires a Monitoring Report.

Commission staff members do not set accreditation standards, nor do they approve SACSCOC policies and procedures, but they are expected to ensure a just and equitable review process for all institutions – applicant, candidate, and member – in accordance with the policies and procedures adopted by the SACSCOC Board of Trustees. They are also charged with advising and informing the SACSCOC Board of Trustees and its committees on matters relative to an institution. To provide stability and consistency throughout the process, responsibility for facilitating the flow of applicant and candidate institutions through the initial accreditation process has been assigned to a team of three staff members – one who reviews all of the Applications for Membership and facilitates Phases 1 and 2 of the initial accreditation process, one who provides consultation on the institution’s compliance with the SACSCOC standards related to financial resources throughout all phases of the initial accreditation process, and one whose primary role is to facilitate Phases 3 and 4. Their roles are summarized in Table 2 (on the following page).

Visiting Committees. As an institution moves through the initial accreditation process, two discrete review committees, the candidacy committee and the accreditation committee, assess institutional compliance and submit written reports for subsequent action by SACSCOC Board of Trustees. The candidacy committee conducts the first site visit to all teaching locations to confirm compliance with the core requirements and standards of the *Principles of Accreditation*:

The accreditation committee conducts the second site visit to the main campus and to a sampling of off-campus teaching sites to confirm compliance with all requirements and standards (except Standard 7.2, Quality Enhancement Plan). Both committees address third-party comments, if applicable. All visiting committee members are expected to analyze an institution’s compliance with the relevant accreditation standards, formulate recommendations or statements of committee findings, and write draft narrative that reflects the consensus of the committee. Fulfilling this responsibility requires completion of reading assignments, communication with other committee members and SACSCOC staff, and professional conduct in executing the work of SACSCOC. Additional information about the specific tasks of each committee and the review process followed by each one can be found in Chapters 4 and 5 of this *Handbook*.

Table 2: Commission Staff Assignments: Roles During Initial Accreditation

	Staff member 1	Staff member 2	Staff member 3
Pre-Applicant Workshop	Primary presenter	Tertiary presenter	Secondary presenter
Pre-Applicant IE Workshop	Secondary presenter		Primary presenter
Initial Application for Membership	Reviews the application & prepares the written staff analysis	Reviews the audits and drafts an analysis for CR 13.1 and 13.2 and Accreditation Procedures	
Meeting to discuss initial staff review	Primary presenter	Secondary presenter	Tertiary presenter
Authorization of Candidacy Committee visit	Prepares materials for review by the SACSCOC Board	Present during discussion by the SACSCOC Board <u>if</u> financial issues require clarification	Hears discussion by the SACSCOC Board and conveys the decision to the institution
The Candidacy Committee visit		Reviews the latest audit (if additional fiscal year has closed) Present during discussion by the SACSCOC Board <u>if</u> financial issues require clarification	Selects candidacy committee, consults with institution on appropriate preparations for the visit, accompanies the candidacy committee to campus, provides consultation to the committee as they develop their report, prepares materials for review by the SACSCOC Board, hears the Board’s discussion, and conveys the decision to the institution
The Accreditation Committee visit		Reviews the latest audit	Selects committee, consults with the institution on preparations for the visit, accompanies and provides consultation to the committee, prepares materials for the SACSCOC Board, hears the Board’s discussion, and conveys the decision to the institution

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

Chapter 3: The Application for Membership

The Application for Membership is the first document prepared by institutions beginning the process of achieving initial accreditation by SACSCOC. The Application for Membership has two primary functions: (1) to provide sufficient evidence of compliance with the requisite requirements so that a candidacy committee visit is authorized and (2) to function as the foundational document for the candidacy committee's review. Because the Application for Membership introduces the institution to SACSCOC, it requires careful, thoughtful preparation to ensure that its content is both complete and accurate and the style is reader-friendly. The electronic submission and the paper submission must contain both narrative and documentation for each requirement and standard and must be well-organized so that readers can easily access the supporting documentation. Electronic submissions should be developed with standard protocols to ensure that the links will work on a range of computers. **International institutions applying for membership must submit all materials in English. Audits must be in English and U.S. dollars.**

Typically, the conference involving SACSCOC staff and institutional representatives to discuss the *initial* Application leads to the submission of a *revised* Application for Membership, which serves as the basis for authorization of a candidacy committee visit. Throughout the application process, the institution will update its Application as needed. An institution subsequently *updates* its *revised* Application for the candidacy committee to ensure that the document presents an accurate and current description of the institution.

Part A: Institutional Characteristics

As the name suggests, Part A of the Application for Membership is designed to present facts about key features of the institution so that the reader can quickly grasp its essential characteristics. This factual overview will contain narrative as well as charts, tables, and lists; the institution must ensure that information provided is complete and comprehensive in its presentation of the institution. The entries in Part A should describe or explain any unusual characteristics of the institution to ensure that the evaluator has an accurate frame of reference. In addition, Part A must describe the institution in its entirety -- all educational programs, all teaching sites, and all delivery systems.

History of the Institution. Brevity is the key to success for this section of Part A. The history needs to acquaint the reader with the primary elements in the institution's evolution and describe its unique features.

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

Organizational Chart. From the reviewer's perspective, good organizational charts must be structured so that the entries in the boxes can be read easily. In addition to identifying not only

the position but also the individual holding the position, the organizational chart should be comprehensive; it should show the reporting relationship of the CEO to the governing board, and it should include all administrative, academic, and support units.

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

Methods of Delivery. Since methods of delivery (on campus face-to-face, off-campus face-to-face, correspondence, and electronic) impact so many aspects of an institution – finances, facilities, staffing, policies/procedures, just to name a few –Part A plays a major role in establishing expectations for the reviewer. Linkages between the short answers to some of the questions addressed here and the reasoned arguments for compliance with selected requirements and standards in Part B should not be overlooked. For example, in Part A entries for off campus face-to-face, correspondence, and electronic methods of delivery all require a brief description of student access to library resources and to student support services. In Part B, the institution must address its compliance with the SACSCOC requirements regarding library resources and services (Core Requirement 11.1 [Library and Learning/Information Resources]) and student support services (Core Requirement 12.1 [Student Support Services]). Consequently, much of what is provided at this point in Part A should be cross-referenced, paraphrased, or hyperlinked with narratives in Part B. Additional relationships to establish between this section on methods of delivery and Part B include incorporating references to off-campus locations in Standard 13.7 (Physical Resources) and to the number of full-time faculty teaching at off-campus locations in Core Requirement 6.1 (Full-time faculty).

Enrollment Data. To ensure comparability of data presented by applicants, SACSCOC definitions of full-time undergraduate and graduate students are provided in the directions for completing this section. These definitions may not necessarily match the definitions used at applying institutions; nonetheless, institutions are expected to use the formulas provided for calculating the respective enrollments according to these SACSCOC definitions. The enrollment data presented here can be cross-referenced or hyperlinked with Part B’s demonstration of compliance with Core Requirement 3.1.c (Continuous operation).

Faculty Qualifications. Institutions must be meticulous in preparing the Roster of Instructional Staff in accordance with the directions provided. Like the section on methods of delivery, the documentation provided here in Part A links directly to a section in Part B, Standard 6.2.a (Faculty qualifications). This narrative should cross-reference or hyperlink with the rosters presented in that standard. Institutions must also be specific in identifying any “Other Qualifications or Experience” that may be needed to document appropriateness of qualifications of faculty members to teach courses assigned to them.

Library and Learning/Information Resources. This section of Part A collects factual information in a variety of areas: space usage, library staff, library materials, information

technology and electronic resources, cooperative agreements, and analysis of library resources. Many of the lists and tables presented here should be cross-referenced or hyperlinked with Part B's narrative for Core Requirement 11.1 (Library and learning/information resources). This section of Part A contains multiple sections; care must be taken to address all of the relevant details. For example, if an institution has cooperative agreements, signed agreements must be included and the institution must document how the resources provided through the cooperative agreement support the institution's programs.

Financial Resources. The three years of applicable supplementary schedules and two tables required here are typically cross-referenced or hyperlinked with the narratives for addressing "sound financial base" and "demonstrated financial stability" in Part B for Core Requirements 13.1 (Financial resources) and 13.2 (Financial documents). The institution must also provide financial information as required in [Accreditation Procedures for Applicant Institutions](#). Foreign institutions are reminded that all financial data, including audits, audit footnotes, and management letters, must be presented in U.S. dollars and English. Definitions of the categories referenced throughout this section are provided in *College and University Business Administration*, available from the National Association of College and University Business Officers. A clear understanding of those categories is essential for accurately providing the requested information.

Physical Resources. For each site where the institution offers instruction, this section addresses the general adequacy, size, fire safety quality, and state of repair of all structures (both existing and under construction) used for instruction, housing, and student activities. These details should be cross-referenced or hyperlinked with the narrative for Standard 13.7 (Physical resources) in Part B.

Part B: Documentation of Compliance

Developing Part B of the Application for Membership is a bit more complex than assembling the descriptions, lists, and tables of facts required for Part A. Part B requires that an institution "make its case" by crafting a reasoned argument for compliance with all of the key issues embedded in each applicable core requirement and standard, and then supporting the assertions made in those arguments with appropriate and sufficient documentation.

Establishing a good understanding of the requirements and standards set forth in [The Principles of Accreditation](#), identifying adequate and comprehensive documentation of compliance, and producing a well-written narrative with references and links to the documentation are fundamental building blocks for constructing a successful Part B.

Understanding the Standard

The process of developing an effective Part B of an Application for Membership begins with establishing a foundation of understanding of each requirement or standard. Even the most diligent and conscientious writers will fail to develop a convincing argument for compliance if they do not first understand the meaning of the standard within the context of an institution with its particular mission.

Identifying the Compliance Components. Many of the SACSCOC standards combine multiple compliance components in the same statement. Investing time at the outset to identify how many issues must be addressed in order to document compliance with each standard is well worth the effort. Not only will doing so provide a basis for the institution's determination of its level of compliance with each standard, it will also assist in the organization of the narrative and increase the probability that the narrative is comprehensive and complete. The SACSCOC [Resource Manual](#), available on the SACSCOC website, contains a Rationale and Notes section for each standard that may prove helpful in identifying key compliance components.

Many concerns that surface during the initial review of the Application are the result of an institution's having addressed in its narrative most, but not all, of the compliance components of each standard. An Application for Membership must address all parts of each of the applicable requirements and standards before a candidacy committee visit can be authorized.

Reviewing Relevant SACSCOC Policies. Another approach to understanding the meaning of the standards is to review relevant Commission policies, which can be accessed at www.sacscoc.org. These relevant policies fall into two categories.

1. For some standards, such as Core Requirement 3.1.b (Course work for degrees), SACSCOC has developed ***a policy for documenting an alternative approach to establishing compliance*** with the standard as written. As an example, a few member institutions award baccalaureate degrees but offer no freshman or sophomore courses; the policy interpretation provides those institutions with an alternative method for documenting control over the entire baccalaureate curriculum. Whenever an institution's characteristics demand documenting an alternative approach, the institution must make an official request for approval of an alternative approach and document that alternative approach in the institution's Application for Membership.
2. For other standards, such as Standard 14.2 (Substantive change) and Standard 14.4 (Representation to other agencies), SACSCOC has ***a policy that details requirements related to the same issue*** covered by the standard. In these instances, the institution should review the policy to confirm that the *institution's* policies and procedures on the issue are compliant with the *Commission's* policy's requirements. Awareness of this connection between some of the Commission's standards and some of its policies will not only assist the institution in expanding its understanding of the standard, but it can also help the institution to maintain compliance with Standard 14.5 (Policy compliance). A valuable resource for identifying how SACSCOC policies relate to each standard is the SACSCOC [Resource Manual](#), which is available under the "[Institutional Resources](#)" link at www.sacscoc.org. Each standard in [The Principles of Accreditation](#) is found in the [Resource Manual](#), along with an explanatory rationale for the standard and a list of SACSCOC policies that overlap with the standard.

Documenting Compliance

After the institution is satisfied that it understands each standard, it is ready to identify documentation of compliance which can be submitted for each. Most of this documentation should already exist and simply needs to be located. In some instances, however, the institution may need to take formal action in order to develop evidence of compliance with one or more of

the compliance components in a standard. For example, an institution might recognize that it has not implemented formal procedures for evaluating the effectiveness of its administrative services as required by Standard 7.3 (Administrative effectiveness). The institution should not submit an application until it can provide documentation demonstrating compliance with all of the requirements and standards in the Application for Membership. Minimum information required for documentation of compliance for each core requirement and standard is listed in the Application for Membership. It is important for the institution to understand that the minimum documentation alone may not be sufficient to support an institution's case for compliance with all of the compliance components embedded in the requirements and standards; therefore, applying institutions must identify and present all needed evidence of compliance.

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

Some of the more obvious sources of evidence are documents such as the following, which typically provide evidence of compliance with multiple core requirements and standards:

- Common publications, such as the catalog, student handbook, faculty handbook, departmental policy manuals, organizational chart, bylaws of the governing board, and class schedules.
- Commonly compiled administrative lists and inventories of buildings, equipment, library holdings, faculty resources, etc.
- Institutional effectiveness policies, calendars, handbooks, and reports providing evidence of such things as systematic review of strategic plans and evidence documenting assessment of student learning outcomes for all educational programs.
- Personnel files containing credentials and evaluations.
- Contracts and consortial agreements for providing instruction or sharing resources.
- Financial audits, management letters, financial aid audits, and budget documents for the current and recent fiscal years, and any other relevant financial statements.

Searching through board and committee minutes frequently yields important documentation of discussions engaged in and decisions taken, and memoranda and e-mails may provide important evidence, for example, of improvements made as a result of assessment.

Evaluating Evidence. An institution determines its compliance with the standards by making an honest evaluation of the evidence it possesses at the time it has chosen to make that determination. Because Part B requires compelling and appropriately documented evidence of compliance, the institution needs to evaluate each piece of evidence it has assembled to support a claim of compliance with a requirement or standard. This evaluation should be based on a careful interpretation of each standard and on the cogency of the evidence to be presented supporting

compliance with that standard. Evidence should not be viewed simply as a mass of facts, data, or exhibits. Instead, it should be viewed as a coherent and focused body of information supporting a judgment of compliance.

Institutions should ensure that the evidence it presents is:

- **Reliable.** The evidence can be consistently interpreted.
- **Current.** The information supports an assessment of the current status of the institution.
- **Verifiable.** The meaning assigned to the evidence can be corroborated, and the information can be replicated.
- **Coherent.** The evidence is orderly, logical, and consistent with other patterns of evidence presented.
- **Objective.** The evidence is based on observable data and information.
- **Relevant.** The evidence directly addresses the requirement or standard under consideration and should provide the basis for the institution's actions designed to achieve compliance.
- **Representative.** Evidence must reflect a larger body of evidence and not an isolated case.

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

Presenting Documentation. For some requirements and standards, narrative plus a single document or two or an excerpt from a single document or two will constitute sufficient evidence of compliance. For standards that are more complex, several sources of relevant evidence may need to be identified in order to justify a claim of compliance. In those cases, skillful combining of separate measures/indicators – such as trend data, student satisfaction indices, institutionally developed or commercially available surveys like NSSE or CCSSE, licensure/certification rates, and focus group findings – into a pattern of evidence can be a powerful tool for documenting compliance.

Reliable, current, verifiable, coherent, objective, relevant, and representative evidence that is not presented in a reader-friendly format, however, may fail to produce the anticipated finding of compliance. Documentation must not only be easy to access, it must also be easy to read. For example, reviewers should not be expected to strain to read poor quality reproductions of academic transcripts, to re-arrange documents that are collated out of order, or to read through an entire page or document in search of the relevant sentence or paragraph. Institutions are expected to organize documentation so that the trends embedded in pages and pages of assessment results or columns of operational expenses are efficiently displayed in easily digested summary tables. In short, after identifying the best evidence of compliance for each standard, the institution needs to then design a presentation that will display that documentation in a reader-friendly fashion. Building a reader-friendly format can often be accomplished quite easily through small actions –

examples include highlighting relevant passages in a paragraph or on a page, or using boldface, shading, and color-coding to impose order on a complex table. In electronic submissions, links to documentation should provide the reader with easily accessible information and quick ways of returning to the narrative.

Writing the Narrative

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

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

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

Since SACSCOC accredits the entire institution, Part B must address not only all services and programs offered on the main campus but also those programs offered off-campus, by correspondence, through electronic distance learning, or as competency-based programs utilizing direct assessment modalities, as well as programs offered through cooperative academic

arrangements. SACSCOC has at least three policies to assist institutions in addressing these programs under relevant requirements and standards: [Distance and Correspondence Education](#), which provides guidelines for the application of the *Principles*; [Direct Assessment Competency-Based Educational Programs](#), which deals with competency-based programs that do not rely entirely on credit-based offerings; and [Agreements Involving Joint and Dual Academic Awards](#), which describes responsibilities for academic awards offered in conjunction with other institutions. All policies can be found at www.sacscoc.org.

Submitting the Application for Membership

For most institutions, the Application for Membership undergoes several revisions as the Leadership Team develops a fuller understanding of SACSCOC expectations for documentation of compliance and as it refines its skill at writing clear, convincing narratives. As a further check on the institution's success in mastering the art of understanding, documenting, and writing its case for compliance with the requirements and standards in the Application for Membership, you may consider investing the time to read Part B from the SACSCOC reviewer's perspective. While the Commission's reviewers possess sound professional experience and expertise and are well-informed about SACSCOC expectations for documentation of compliance, they are not well-acquainted with the institutions they review. An institution's case for compliance is the sole source of information available to reviewers on each requirement or standard; taking a moment to address the following questions for each requirement and standard can help to ensure the clarity required for these reviewers.

Clarity of the argument

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

Strength of the evidence

- Does all of the evidence provided support the compliance components in the particular requirement or standard under discussion?
- Will an informed reader find the body of evidence compelling?
- Is the format friendly to the reviewer?
- Can the reader easily and quickly access the relevant documentation?
- Does the quantity of documentation complicate the reader's review?

After Part A and Part B have been proofed for accuracy and completeness, the Application for Membership is ready for submission to the SACSCOC President. The institution should submit four electronic copies of the application and one hard copy to include the Faculty Roster Form required in Part A. Specifics concerning submission of the application can be found in the Application for Membership itself.

Applicant institutions must guard against making any statements about possible future accreditation status with SACSCOC and must not use the logo or seal of SACSCOC in any publication or document. For restrictions on representation of status by Candidate and Member institutions, see Standard 14.1 (Publication of accreditation status), as well as SACSCOC Policy, [Institutional Obligations for Public Disclosure](#).

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

Staff Analysis of the Initial Application

Because Applications for Membership are reviewed in the order in which they are received, the time between submission of the *initial* Application and initial feedback will vary. Thorough notes on the weaknesses of the *initial* Application are shared with the institution's leadership by mail and form the basis for discussion during a conference call with members of the SACSCOC staff. The purpose of this conference call is to assist applicant institutions in understanding concerns relative to compliance and suggestions concerning revision and strengthening of the *initial* Application prior to sending it forward to the Committee on Compliance and Reports to seek authorization of a candidacy committee visit. At this point, however, some institutions realize that they will be unable to demonstrate compliance within the timeframe allotted for revision (See [Accreditation Procedures for Applicant Institutions](#)), and thus they will withdraw the *initial* Application. Institutions that do so may re-apply by submitting another Application for Membership and application fee in the future. Likewise, institutions which submit applications that are so incomplete in that they contain little narrative and/or documentation, such that review of a revised application will mean essentially review of a new application, may be required to submit another *initial* application along with another application fee.

The process for units of SACSCOC member institutions seeking separate accreditation does not include a candidacy process; therefore, the conference call will assist these units in revising and strengthening the *initial* Application prior to sending it to the Committee on Compliance and Reports seeking authorization to prepare a Compliance Certification and host an accreditation committee visit.

Submission of the Revised Application

Institutions whose *initial* Applications reveal weaknesses in key areas that require considerable time to address (areas such as faculty qualifications or institutional effectiveness) may require several months to develop the required evidence of compliance. If a fiscal year ends during the revision process, the applicant institution must delay submission of its *revised* Application until

it has its audit for the most recently completed fiscal year. See [Accreditation Procedures for Applicant Institutions](#) for information concerning the length of time an application may remain “current.”

Authorization of a Candidacy Committee Visit

Most candidacy committee visits are authorized by the SACSCOC Board of Trustees, which meets twice a year in June and in December, the exception being authorization by the President of SACSCOC (see [Accreditation Procedures for Applicant Institutions](#) for an explanation of when this might be the case). When the application is placed on the agenda of the SACSCOC Board of Trustees one of the Committees on Compliance and Reports reviews the institution’s updated Application and makes a recommendation to the Executive Council. The Executive Council reviews the recommendations of all of the Committees on Compliance and Reports and forwards its recommendations for action to the full SACSCOC Board of Trustees. The Board takes final action, which is conveyed to the institution in a letter from the SACSCOC President.

SACSCOC decisions to authorize or deny candidacy committee visits are posted on the Commission’s website and announced at the Annual Meeting. The action is also communicated to the CEO of the applicant institution in a letter. If authorization of a candidacy committee visit is denied, the application process ends. The institution may submit another Application for Membership at its discretion.

Policy Concerning Substantive Change

To ensure that the institution described in the Application for Membership is indeed the same institution that is subsequently awarded initial accreditation, SACSCOC policy [Accreditation Procedures for Applicant Institutions](#) prohibits an institution from undertaking substantive change between the time that the Application for Membership is submitted and the time that the institution is granted initial accreditation. Institutions that undertake substantive change prior to the authorization of a candidacy committee visit may be required to submit a new Application; institutions that undertake substantive change after a candidacy committee visit has been authorized may have that authorization revoked; similarly, candidate institutions that engage in substantive change may have their candidacy status revoked. To avoid such occurrences, applicant institutions should become acquainted with SACSCOC policies [Substantive Change for SACSCOC Accredited Institutions](#) and [Mergers, Consolidations, Change of Ownership, Acquisitions, and Change of Governance, Control, Form, or Legal Status](#).

SACSCOC defines “substantive change” as a significant modification or expansion of the nature and scope of an institution. Substantive change includes but is not limited to the following:

- Any change in the established **mission or objectives** of the institution
- Any change in **legal status, form of control, or ownership** of the institution
- The addition of courses or programs that represent a **significant departure**, either in content or method of delivery, from those that were previously offered
- The addition of courses or programs at a **degree or credential level above** that which was previously offered

- A change **from clock hours to credit hours**
- A **substantial increase in the number of clock or credit hours** awarded for successful completion of a program
- The establishment of an **additional location** geographically apart from the main campus at which the institution offers **at least 50 percent** of an educational program.
- The establishment of a **branch campus**

A complete list of the changes that are considered substantive by SACSCOC and therefore require notification and/or approval by the Commission is available in the substantive change policy referenced above. Whenever such a change is anticipated, the applicant/candidate should immediately communicate with the SACSCOC staff representative to determine whether the change would be considered substantive and what ramifications, if any, the change might have for the institution's timeline for achieving initial accreditation.

Chapter 4: On-Site Review by a Candidacy Committee

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

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

Role of the Candidacy Committee

The candidacy committee is responsible for verifying compliance with the requirements and standards required at this stage of the process. See Table 1 in Chapter 2 of this document for a list of the requirements and standards to be reviewed by the candidacy committee. The verification will be accomplished through interviews with campus personnel, observation, and review of documents on-site. As part of its review, the committee will visit the off-campus sites of the institution, and where applicable, will address issues stemming from third-party comments. The candidacy committee will present its findings to the institution during an exit conference and record its findings in The Report of the Candidacy Committee.

Reviewing Compliance. The work of the candidacy committee begins with the committee's review of the *updated* Application for Membership during the month prior to the visit. During a committee conference call generally conducted two to three weeks prior to the visit, the evaluators may identify additional documentation they wish to examine and begin to construct a list of individuals to interview. The chair of the committee forwards the list of additional documentation to the institution so that the documents can either be sent to the committee members immediately or be assembled for review at the hotel or on campus. The chair also forwards to the institution the requests for interviews so that a preliminary schedule for the visit can be drafted.

Visiting Off-Campus Sites. For institutions with a few nearby off-campus sites, review of these locations is scheduled for the morning of Day Two of the visit. For institutions with too many off-campus sites to be visited in a single morning, review of some locations may also be scheduled for the morning of Day One. For institutions with many off-campus locations or off-

campus sites far from campus (including sites located abroad), a review of some of these locations may be scheduled earlier than the week of the candidacy committee's visit to the main campus. In all instances, the off-campus site will be visited by more than one member of the committee to confirm compliance with the requisite requirements and standards at each of the sites.

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

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

Composition of the Candidacy Committee

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

Evaluators accepting positions on candidacy committees are asked to attest to having no conflict of interest with the institution. SACSCOC policy [Ethical Obligations of Evaluators](#) provides examples of conflict of interest. This policy establishes an expectation that individuals with a vested interest in the institution scheduled for review will refrain from attempting to influence an evaluator's judgment or otherwise influence the upcoming visit. Applicant institutions must not contact members of the candidacy committee for reasons other than providing necessary information about logistical arrangements for the visit, distributing the required institutional materials for the review, or responding to inquiries for additional materials or clarification about materials provided.

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

Materials for the Candidacy Committee

Four to six weeks prior to the on-site visit, institutions should send to each member of the candidacy committee and to the SACSCOC staff member electronic copies of the following materials:

- *Updated* Application for Membership
- Catalog(s),
- Institutional Summary Form Prepared for Commission Reviews
- Organization chart
- Audit and management letter for the most recently completed fiscal year
- Written response to third-party comment, if applicable.

The SACSCOC staff member will work with the institution to complete the "Information Outline for a Visit," which includes such details as dates of the visit, contact numbers, information regarding transportation and housing accommodations, and the times and locations of the first and last committee meetings during the visit. A copy of the template for this document, which is sent to the candidacy committee by the SACSCOC staff member, can be found at www.sacscoc.org under "[Institutional Resources](#)".

Hosting the Candidacy Committee

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

Since a key responsibility of the Accreditation Contact is to coordinate the visit, the Accreditation Contact serves as the institution's resource person for the chair. To anticipate meeting the chair's expectations for the visit, the Accreditation Contact should begin working

with the Leadership Team months in advance of the visit to begin addressing transportation, accommodation, and dining needs. The Accreditation Contact should also work with the institution's business office to arrange payment for hotel and meal expenses incurred by candidacy committee members during their time on-site.

Transportation. Institutions are expected to provide safe, reliable transportation to and from the airport, to and from off-campus locations, between the main campus and the hotel, and between the hotel and restaurants. Meeting such expectations include providing experienced drivers, having contact information in case of delays, providing comfortable vehicles to transport the committee, and being on time to meet them.

Institutions should not overlook the significance of the airport pick-up. Smiling individuals, prominently placed and holding signs that display the names of the arriving candidacy committee members, are a welcome sight to evaluators who have just stepped off of a flight into an unfamiliar airport.

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

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

Campus accommodations. SACSCOC expects the institution to provide dedicated space on campus for the candidacy committee's work. Like the conference room at the hotel, this room needs to be large enough to conduct extended meetings and should be spacious enough for documents, computers, snacks, a photocopy machine, a paper shredder, and a variety of general office supplies. Resource materials on display should include a complete copy of the institution's *revised* Application for Membership and supporting documentation, additional materials requested by committee members prior to the visit, and other materials that the institution

believes are appropriate. This dedicated space needs to be secure and available only to members of the committee during the visit. Many institutions staff an assistance station not far from the entrance to the workroom to ensure that someone is always readily available to secure materials or make appointments for candidacy committee members.

Dining. Institutions should plan on providing meal service for all meals for the committee. To ensure that meals provided by the institution meet dietary needs, institutions should survey the candidacy committee members to determine if there are any dietary restrictions.

Billing Procedures. Committee members generally cover their transportation costs and are reimbursed by SACSCOC for mileage, parking, and airfare after the visit is completed. Due to the cost of international airfares, however, institutions are encouraged to purchase tickets for the candidacy committee when visits to international locations are required. Institutions are to arrange for hotel accommodations and hotel food service to be billed directly to the institution. Most institutions also arrange payment for evening meals at restaurants. After the Commission's business office has reimbursed candidacy committee members for their transportation costs and other eligible expenses, the business office will send the institution a single invoice for these costs associated with the visit.

Daily Schedule for the Visit

A daily schedule will be provided to the institution by either the committee chair or the SACSCOC staff member approximately six weeks before the visit. This schedule is subject to change, based on the institution's time periods for interviews, meals, and the approximate times to transport the committee either to the campus, restaurants or back to the hotel.

The Report of the Candidacy Committee

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

- **Section I (Overview and Introduction to the Institution)** briefly describes the institution by focusing on such issues as its history, control, enrollment, and primary student characteristics. In so doing, it lays a foundation for the evaluative comments that follow.
- **Section II (Assessment of Compliance)** opens with the committee's evaluation of the institution's compliance with the Principle of Integrity (1.1), which is not addressed by the institution in its *revised* Application for Membership. Section II then displays each of the *Principles* addressed in the *revised* Application. Under each is a brief narrative in which the candidacy committee identifies the primary evidence of compliance that it reviewed and, where necessary, describes missing documentation and/or weaknesses in the institution's argument for compliance. For each of the requirements and standards, the committee's narrative closes with a direct statement of the committee's finding of compliance or noncompliance.

- **Section III (Observations and Comments)** provides both validations of institutional strengths and consultative advice on quality enhancement and/or on preparing the Compliance Certification for the accreditation committee.

All findings and comments in the report reflect the collective professional judgment of the entire committee. Two appendices record the roster of the members of the candidacy committee and details about the off-campus sites visited and/or distance learning programs reviewed. The template for the Report of the Candidacy Committee is available at www.sacscoc.org under the link to "[Committee Resources](#)."

The Exit Conference

The exit conference is designed as a dialogue between two small groups of individuals – the candidacy committee and the institution’s leadership. To simplify the transportation of committee members and their luggage to the airport, the exit conference is generally held in the hotel conference room.

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

Finalizing the Report. A hard copy of the draft of the committee’s report is not given to the institution during the exit conference, although an oral summary of the findings is presented. Most commonly, the chair of the candidacy committee edits the draft report and e-mails it to the committee and to the SACSCOC staff member for their final review the week after the visit. Before finalizing the report, the chair also e-mails a copy to the institution for review of its factual accuracy. At this time, the institution should review the factual references in the report (such as dates, names of campuses and committees, position titles, enrollment numbers, and financial figures) and confirm accuracy or provide corrections. Institutions must limit their review to representations of fact. After the chair has incorporated final edits and factual corrections, the final copy of the Report of the Candidacy Committee is sent to the institution’s SACSCOC staff member, who then forwards a hard copy to the institution.

An institution has the right to release its candidacy committee’s report. If the institution quotes from the report or publicly characterizes the findings of the visiting committee, it must state that a copy of the entire report can be obtained from the institution. SACSCOC will not normally release the Report of the Candidacy Committee to the public; if the institution, however, provides misleading information about the contents of the report, the SACSCOC President may make that report available to the public. Under certain circumstances, visiting committee reports may be accessed by the U.S. Department of Education, the Council for Higher Education Accreditation, or other accrediting agencies. See SACSCOC policy [Disclosure of Accrediting](#)

[Documents and Actions of SACSCOC](http://www.sacscoc.org), available at www.sacscoc.org, for details associated with the release of a visiting committee's report to agencies, institutions, or individuals.

Only the SACSCOC Board of Trustees has the power to award candidacy status, and the Board's review of the Report of the Candidacy Committee is the next step in the initial accreditation process.

The Response to the Visiting Committee Report

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

However, at times the Report of the Candidacy Committee has findings of noncompliance. These generally occur for two reasons. First, because conflicts in dates for scheduling the visit or the time required to secure a new audit may delay the candidacy committee visit for several months after that visit has been authorized, some institutions slide out of compliance during this delay and receive citations of noncompliance on related financial standards from the candidacy committee. Second, at times the candidacy committee observes inconsistencies between what appeared in the revised Application for Membership and what was observed during the visit; this can lead to findings of noncompliance on some standards. Regardless of the reason, institutions are required to develop a response to the committee's findings of noncompliance, which may be submitted to the Commission on paper or in electronic form.

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

Review by the SACSCOC Board of Trustees

The review by the SACSCOC Board of Trustees includes consideration at three levels – by one of the Committees on Compliance and Reports, by the Executive Council, and by the full Board of Trustees. For additional information, see Commission policy [Standing Rules: SACSCOC Board of Trustees, Executive Council, and the College Delegate Assembly](#). At all three levels of review, Board members recuse themselves from decisions on institutions within their own states and from decisions on institutions with which there is a conflict of interest.

One of the Committees on Compliance and Reports will review the Report of the Candidacy Committee along with the institution's response to any findings of noncompliance, if one was required, as well as the candidacy committee chair's evaluation of that response. If the Report of the Candidacy Committee contains no findings of noncompliance, the institution is not invited to meet with a C&R Committee for a meeting on the record. Otherwise, depending upon the extent of noncompliance cited by the candidacy committee and the strength of the institution's additional documentation of compliance in its Response to the Visiting Committee Report, an institution may be invited to send up to five individuals to meet with the C&R Committee. Further information about meetings on the record can be found in SACSCOC policy [Administrative Procedures for the Meetings of the Committees on Compliance and Reports](#), available at www.sacscoc.org. Following its review, the C&R Committee makes one of the following recommendations:

1. **To grant candidacy status and authorize the institution to complete a Compliance Certification and receive an accreditation committee visit.** Candidacy is effective on the date of the SACSCOC Board's action to grant candidacy, and an institution may remain in candidacy for up to four years; however, the institution must be back on the C&R agenda within two years for review of the Report of the Accreditation Committee. At that time, the Board of Trustees will either: (1) grant initial membership; (2) grant continued candidacy and authorize a second accreditation committee visit; or (3) remove the institution from candidacy.
2. **To deny candidacy status** – Denial of candidacy status ends the current process for seeking Initial Accreditation. Institutions may begin again by submitting another Application for Membership at any time. Institutions also have the opportunity to appeal the decision by following the procedures outlined in SACSCOC policy [Appeals Procedures of the College Delegate Assembly](#), available at www.sacscoc.org.

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

The SACSCOC staff member working with the institution will call a person designated by the institution and relate the decision by the Board of Trustees shortly after the decision has been made. Approximately three working days after the Board of Trustees takes action at either the Summer Meeting in June or the Annual Meeting in December, those decisions are posted on the SACSCOC website. Commission policy [Disclosure of Accrediting Documents and Actions of SACSCOC](#) identifies the details that are released to the public. Approximately two weeks after the web posting, an action letter signed by the SACSCOC President officially notifies the CEO of the action taken by the Board of Trustees. In addition to specifying the action taken by the Board, a letter confirming a positive action specifies the date that candidacy became effective, names the institution's SACSCOC staff member, identifies next steps in the process of seeking initial accreditation, and alludes to the new responsibility of paying annual dues. If candidacy has

been denied, letters conveying negative actions identify the requirements and standards that the Board found to be in noncompliance. Denial of candidacy for initial accreditation is an appealable action. See above for details on the appeals process.

New Responsibilities for Candidate Institutions

Soon after candidacy status is granted, candidate institutions discover three new responsibilities: obligations to pay dues, to submit Institutional Profiles, and to appoint an Accreditation Liaison.

- **Dues:** Candidate institutions are assessed annual dues using a formula based on enrollment and on educational and general expenditures beginning with the term in which Candidacy status was awarded. Details regarding the dues formula can be found in Commission policy [Dues, Fees, and Expenses](#) which is available at www.sacscoc.org.
- **Institutional Profiles:** Twice each year, information about candidate and member institutions is collected. The Institutional Profile on enrollment is due each January; the Institutional Profile on finances is due each July.
- **Accreditation Liaison:** Each candidate and member institution is required to have an Accreditation Liaison, normally someone other than the CEO and frequently the person who has been the contact person in development of the application and the hosting of the candidacy committee visit. This person receives copies of communications regarding SACSCOC actions and policies that are also sent to the CEO of the institution. Serving as a resource person for the development of the required documents, the Accreditation Liaison assists the CEO in ensuring the accuracy of all information submitted to SACSCOC. In addition, the Accreditation Liaison is the individual who seeks consultation from the assigned SACSCOC staff member on questions that arise on campus regarding interpretations of SACSCOC standards and policies and the preparation of the various required documents. Serving as the campus authority on regional accreditation, the Accreditation Liaison can assist faculty, staff, and administrators in maintaining compliance with SACSCOC requirements when institutional policies and procedures are adopted and revised. In the intervening years between SACSCOC reviews, the Accreditation Liaison coordinates the timely submission of annual Institutional Profiles and other reports as requested by the Commission. Guidelines outlining the responsibilities of [the Accreditation Liaison](#) are available at www.sacscoc.org.

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

(Name of candidate institution) is a candidate for accreditation by the Southern Association of Colleges and Schools Commission on Colleges to award (name specific degree levels, such as associate, baccalaureate, masters, doctorate). Contact the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the status of (name of candidate institution).

For both candidate and member institutions, representation of status with SACSCOC is detailed in Standard 14.1 (Publication of accreditation status). See also SACSCOC policy [Institutional Obligations for Public Disclosure](#) at the SACSCOC website. There are also useful details on accreditation status in the [Resource Manual](#) under standard 14.1.

An institution may withdraw from its status as a candidate institution. If it does so and later decides to seek membership, it must submit a new Application for Membership and follow the process for securing initial accreditation described in this *Handbook*. If SACSCOC is notified by a state agency that a candidate institution's legal authority to operate as an institution of higher education is under consideration for denial, suspension, revocation, withdrawal, or termination, the Commission will review the status of its own recognition of the institution and take any appropriate steps necessary.

Chapter 5: On-Site Review by an Accreditation Committee

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

Because preparations for the visit of the accreditation committee require the analysis of compliance with almost twice as many standards as were addressed in the Application for Membership, the institution may need to expand its Leadership Team to accommodate this increase in workload and its demand for additional expertise.

A review of the organization of the sections of [*The Principles of Accreditation*](#) provides an outline for the areas of expertise required:

Table 3: Sections of *The Principles of Accreditation*

Section	Topic
1	Principle of Integrity
2	Mission
3	Basic Eligibility Standard
4	Governing Board
5	Administration and Organization
6	Faculty
7	Institutional Planning and Effectiveness
8	Student Achievement
9	Educational Program Structure and Content
10	Educational Policies, Procedures, and Practices
11	Library and Learning/Information Resources
12	Academic and Student Support Services
13	Financial and Physical Resources
14	Transparency and Institutional Representation

When finalizing membership on the Leadership Team for preparation of the Compliance Certification, the goal should be to select those individuals who understand the institution's

mission and who have extensive knowledge of its history, culture, practices, policies, procedures, and data sources.

Ensuring that the team is the “right” size to get the job done is vital to success, and care must be taken to avoid appointing a team that is too large and comprehensive to function efficiently. *Ad hoc* workgroups are frequently appointed to address the major issues in the standards, enabling institutions to pull in needed expertise while ensuring that the Leadership Team remains lean enough to function effectively. Whatever approach an institution takes to involve additional staff in the preparations for the accreditation committee’s visit, the institution needs to take time to orient those individuals to the process for seeking initial accreditation. Sections of this *Handbook*, such as Chapter 3’s “Part B: Documentation of Compliance” and the sections that follow in Chapter 3, may prove helpful in jumpstarting the work of the new recruits.

The Staff Advisory Visit

Just as the Pre-Applicant Workshop provides an orientation to the development of the Application for Membership, the staff advisory visit provides an orientation to the development of the Compliance Certification. In most cases, the same SACSCOC staff member who has facilitated the institution’s recent candidacy committee visit continues to work with an institution as it prepares for its second on-site review.

A staff advisory visit to the institution is generally scheduled within the six months following the granting of candidacy status and is designed to assist the institution in its understanding of how to document compliance with the standards within [*The Principles of Accreditation*](#) that were not addressed in the Application for Membership. During the advisory visit, the institution and the SACSCOC staff member will also have an opportunity to discuss the schedule for the accreditation committee’s visit and any modifications to local arrangements anticipated as a result of the institution’s analysis of the extent to which the hotel and campus accommodations appeared to meet the expectations of the candidacy committee.

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

The Compliance Certification

Institutions complete the Compliance Certification to document compliance with each standard in [*The Principles of Accreditation*](#), except for Section 1 (The Principle of Integrity) and Standard 7.2 (Quality Enhancement Plan). Standard 14.5 (Policy compliance) may or may not be required, depending on whether new SACSCOC policies have been promulgated since the last revision of the *Principles*. Since Part B of the Application for Membership addresses many of these same requirements and standards, the candidate institution has a solid foundation from which to launch its development of the Compliance Certification. For the requirements and standards previously addressed, the institution can begin updating the narratives and documentation presented in Part B of the Application for Membership and pasting those updates into the template for the

Compliance Certification, which is available under “[Institutional Resources](#)” at www.sacscoc.org. Because Part A of the Application for Membership is not included in the Compliance Certification, any cross-references to Part A in those “pasted” sections will require editing. Second, in addition to updating the obvious such as enrollment figures, budgets, audits, and evaluation results, the institution might also reflect on the questions asked and the additional materials requested during the candidacy committee’s visit.

Institutions with off-campus sites and/or distance education must take special care to address them in both the narratives and the documentation for relevant standards (such as those addressing institutional effectiveness, educational programs, faculty, library, academic & student support services, and physical resources). Dual and joint academic awards, if any, must also be addressed in the Compliance Certification. See Commission policies [Distance and Correspondence Education](#) and [Agreements Involving Joint and Dual Academic Awards](#).

Perhaps most useful as a resource for preparation of narratives will be the SACSCOC [Resource Manual](#). The *Manual* not only discusses the rationale for every requirement and standard in [The Principles of Accreditation](#), it also includes helpful notes regarding common interpretations of the standards, and typical types of documentation used throughout a Compliance Certification.

Completion of the Compliance Certification requires three actions by the institution for each of the standards: (1) determining the level of compliance; (2) attaching documentation that supports the level of compliance indicated; and (3) developing a narrative that summarizes, links, and interprets the documentation as it builds a case in support of the level of compliance indicated. Determining the level of compliance is a new step that was not required in the Application for Membership. The remaining two actions, however, replicate the process employed previously in the development of Part B of the Application for Membership. An institution’s determination of its level of compliance reflects its honest evaluation of the pattern emerging from the body of evidence it has assembled. There are three possible self-identified levels of compliance for each standard:

- **Compliance.** The institution concludes that it complies with every component of the requirement or standard.
- **Partial Compliance.** The institution judges that it complies with some but not all components of the requirement or standard. When an institution selects this option, the narrative must justify the partial compliance and provide a detailed action plan for bringing the institution into compliance, including identification of the documents to be presented to support compliance and a date for completing the plan. If the institution is unable to document compliance at the time of the accreditation committee’s visit, the accreditation committee will write a Recommendation, which identifies the need for submission of further documentation (a Response to the Report of the Visiting Committee) for review by the SACSCOC Board of Trustees. A Recommendation indicates a finding of noncompliance by a visiting committee.
- **Non-compliance.** The institution determines that it does not comply with any aspect of the requirement or standard. When an institution selects this option, the narrative must explain the noncompliance and provide a detailed action plan for bringing the institution into compliance, including identification of the documents to be presented to support

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

Although the Compliance Certification form allows for indications of Partial Compliance and of Noncompliance, candidate institutions are strongly advised to complete the process of growing into compliance before submitting the Compliance Certification. This is the reason that applicant institutions are advised to preview all standards – including those not in the Application for Membership – as they begin the process of developing the Application for Membership. It is critically important to identify issues of noncompliance early enough so that sufficient time is available to develop documentation of compliance for the accreditation committee. If recommendations must be written by an accreditation committee, the SACSCOC Board of Trustees may conclude that the institution has not met the requirements for initial accreditation and the institution may be continued in or dropped from Candidacy. An institution cannot be admitted to membership with significant issues of noncompliance requiring a monitoring report.

Developing the narratives for the Compliance Certification and documenting compliance with the standards and requirements requires the same skill set that was applied to developing Part B of the Application for Membership. Compliance Certification team members who have not participated in the development of the Application should review the sections on finding, evaluating and presenting documentation and those on building the case for compliance and finding the right length for narratives in Chapter 3 of this *Handbook*. Unlike the Application for Membership, which was revised by the applicant institution after being reviewed comprehensively by a SACSCOC staff member, the Compliance Certification undergoes no such staff review. Because the Compliance Certification is sent to the members of the accreditation committee at the same time that it is submitted to the SACSCOC staff member, candidate institutions need to develop a team of individuals with the requisite skills for developing and documenting a case for compliance across the 14 sections of [*The Principles of Accreditation*](#).

Because the individuals who develop Compliance Certifications focus intently on the language of [*The Principles of Accreditation*](#), many institutions submit Compliance Certifications that have not adequately addressed the special documentation requirements established for standards that mandate a policy or procedure. This special documentation requirement specifies that the policy or procedure be: (1) in writing, (2) approved through appropriate channels, (3) published in appropriate documents accessible to those affected by it, (4) implemented, and (5) enforced. The institution must be thorough in documenting the above five points wherever the standard calls for a policy. The [*Resource Manual*](#) identifies these standards, both in the narratives in Appendix A of that document.

The Compliance Certification includes a page for the signatures of the institution's CEO and the Accreditation Liaison. By signing the document, these individuals certify that the process of the institutional self-assessment has been thorough, honest, and forthright and that the information contained in the document is truthful, accurate, and complete. An institution may release its

Compliance Certification for internal or public distribution. To review sections of recently reviewed Compliance Certifications that have been selected by Commission staff as good illustrations of well-designed narratives with appropriate documentation, attendees are invited to stop by the Resource Room during the SACSCOC Annual Meeting.

Role of the Accreditation Committee

Like the candidacy committee, the accreditation committee is responsible for verifying compliance with the requisite standards and requirements through interviews with campus personnel, observation, and review of documents on-site. As part of its review, the Accreditation Committee will visit some or all of the institution's off-campus sites and, where applicable, will address issues stemming from third-party comments. The accreditation committee will present its findings to the institution during an exit conference and will record those comments in the Report of the Accreditation Committee. This report will be reviewed by the SACSCOC Board when it makes its decision regarding whether to grant initial accreditation, continue the institution in candidacy, or deny initial accreditation and remove the institution from candidacy.

Reviewing Compliance. Although a portion of the accreditation committee's work includes re-examining the institution's compliance with the same core requirements and standards that were previously reviewed by the candidacy committee, the accreditation committee's review is separate from and independent of those portions of the initial accreditation process that preceded it.

Candidate institutions should not assume that members of the accreditation committee have any specific knowledge of the institution stemming from any documents previously submitted to the SACSCOC. Because the accreditation committee will not have received copies of the Application for Membership or The Report of the Candidacy Committee, it will base its review of the institution's compliance on the recently completed Compliance Certification, additional documentation provided by the institution just prior to or during the visit, and interviews with institutional staff during the on-site review. Accreditation committees make no assumptions about compliance with the standards that have been previously reviewed, rather the focus is on the level of compliance documented in the Compliance Certification and verified by the committee during the week of the visit.

Much of the work of the accreditation committee begins approximately six weeks prior to the visit. During the committee's conference call approximately two to three weeks prior to the visit, the evaluators identify additional documentation to be examined and begin to construct a list of individuals to interview. The chair of the accreditation committee, the institution's primary contact for arranging the details of the upcoming visit, forwards that list of additional documentation to the institution so that the documents can either be sent to the committee members immediately or be assembled for review later at the hotel or on campus. The chair also forwards to the institution the requests for interviews so that a preliminary schedule for the visit can be drafted.

Visiting Off-Campus Sites. The SACSCOC staff member determines which off-campus sites the accreditation committee will visit. Note that a site is designated as branch campus, that site

must be visited. Sites will be visited by more than one member of the committee to confirm compliance with the requisite requirements and standards at each of the locations.

Whereas candidacy committees generally visit all off-campus sites, accreditation committees may visit a selection of off-campus sites. Since all locations, however, need to be participants in the initial accreditation process, the institution should arrange for key personnel at sites not visited to be engaged in conversations with members of the accreditation committee. Those personnel might be interviewed in person at the main campus, at one of the off-campus sites scheduled for a visit, or through a conference telephone call/electronic conferencing.

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

Conducting the Exit Conference. The last on-site responsibility of the accreditation committee is to present its findings orally in an exit conference with key institutional personnel.

Composition of the Accreditation Committee

An accreditation committee typically includes eight members, not including the SACSCOC staff member: the chair, two evaluators in the areas of faculty qualifications and educational programs, and one evaluator for each of the following areas: organization and administration, library, academic and student support services, institutional effectiveness, and finances. The SACSCOC staff member may expand the size of the committee if the institution has numerous off-campus sites that must be visited or if the institution is large and/or complex. None of the committee members may be from institutions in the same state as the institution being visited, nor will the accreditation committee include any of the individuals who had visited the institution as members of the candidacy committee. All committee members are expected to maintain complete confidentiality regarding documents and discussions pertaining to all phases of the review. Their service to both SACSCOC and to the institution under review ends when the Report of the Accreditation Committee is completed, and the committee members are prohibited from advising or consulting with the institution (either paid or unpaid) on any issues cited in the report.

Evaluators accepting positions on accreditation committees are asked to attest to having no conflict of interest with the institution. (See SACSCOC policy [Ethical Obligations of Evaluators](#) for examples of conflict of interest.) This policy establishes an expectation that individuals with a vested interest in the institution scheduled for review will refrain from attempting to influence an evaluator's judgment or otherwise influence the upcoming visit. Candidate institutions must refrain from contacting members of the accreditation committee for reasons other than providing necessary information about logistical arrangements for the visit, distributing the required

institutional materials for the review, or responding to inquiries for additional materials or clarification about materials provided.

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

Materials for the Accreditation Committee

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

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

The SACSCOC staff member will assist candidate institutions in completing the "Information Outline for a Visit," which includes such details as dates of the visit, contact numbers, information regarding transportation and housing accommodations during the visit, and the times and locations of the first and last committee meetings during the visit. A copy of the template for this document, which is sent to the accreditation committee by the staff member, can be found at www.sacscoc.org under "[Institutional Resources](#)."

Hosting the Accreditation Committee

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

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

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

Daily Schedule for the Visit

A daily schedule will be provided to the institution by either the committee chair or the SACSCOC staff member approximately six weeks before the visit. This schedule is subject to change, gives the institution time periods for interviews, meals, and the approximate times to transport the committee either to the campus, restaurants or back to the hotel.

The Report of the Accreditation Committee

The Report of the Accreditation Committee contains three primary sections:

- **Part I (Overview and Introduction to the Institution)** briefly describes the nature of the institution by focusing on such issues as its history, control, enrollment, and primary student characteristics. In so doing, it lays a foundation for the evaluative comments that follow.
- **Part II (Assessment of Compliance)** contains the requirements and standards of the *Principles*. Under each is a narrative describing the committee's analysis of the institution's compliance. Where compliance has not been fully documented, the narrative will point out the shortcoming(s) and conclude with a Recommendation identifying the issue of noncompliance and the need for submission of further documentation for review by the SACSCOC Board of Trustees. Recommendations must be tied directly to a compliance component.
- **Part III (Observations and Comments)** provides both validations of institutional strengths and consultative advice on enhancing quality. All findings and comments in the report reflect the collective professional judgment of the entire committee.

Three appendices capture (1) the roster of the accreditation committee, (2) the sites visited and distance learning programs reviewed, and (3) a summary of all Recommendations written by the Committee. The template for the Report of the Accreditation Committee is available under the “[Committee Resources](#)” link at www.sacscoc.org.

Prior to the exit conference, a draft of the accreditation committee’s report is largely complete, but a hard copy of this draft is not given to institutions during the exit conference. Generally, the chair edits the draft report and e-mails it to the committee and to the SACSCOC staff member for their final review the week after the visit. Before finalizing the report, the chair then e-mails a copy to the institution for review of its factual accuracy. At this time, the institution should review the factual references in the report (such as dates, names of campuses and committees, position titles, enrollment numbers, and financial figures) and confirm accuracy or provide corrections. Institutions must limit their review to representations of fact. After the chair has incorporated final edits and factual corrections, the final copy of the Report of the Accreditation Committee is sent to the institution’s SACSCOC staff member, who then forwards a hard copy to the institution.

An institution has the right to release its Report of the Accreditation Committee. If the institution quotes from the report or publicly characterizes the finding of the visiting committee, it must state that a copy of the entire report can be obtained from the institution. SACSCOC will not normally release the Report of the Accreditation Committee to the public; if the institution, however, provides misleading information about the contents of the report, the SACSCOC President may make that report available to the public. Under certain circumstances, visiting committee reports may be accessed by the U.S. Department of Education, the Council for Higher Education Accreditation, or other accrediting agencies. SACSCOC policy [Disclosure of Accrediting Documents and Actions of SACSCOC](#) details the conditions governing release of a visiting committee’s report to agencies, institutions, or individuals.

The Exit Conference

The exit conference is designed as a dialogue between two small groups of individuals – the accreditation committee and the institution’s leadership. Because institutions generally expand the size of their Leadership Team to accommodate the additional work necessary to develop a Compliance Certification, the number of institutional representatives attending this exit conference may exceed the number that attended the exit conference for the candidacy committee visit; nonetheless, the number should be small enough to facilitate conversation between the committee and the institution’s representatives. To simplify the transportation of committee members and their luggage to the airport, the exit conference is generally held in the hotel conference room.

Prior to the exit conference, the committee chair and the SACSCOC staff member meet with the CEO to preview the committee’s findings. At the exit conference, the committee reports on any findings of noncompliance resulting in Recommendations. The accreditation committee may also provide consultative advice on enhancing quality in areas not receiving Recommendations. To ensure that the institution understands issues of noncompliance presented by the committee, the institutional leadership has the opportunity to ask questions of clarification. Since all issues of noncompliance must be addressed in a further report (the institution’s Response to the Visiting

Committee Report), attaining a clear understanding of the concerns leading to a Recommendation enables the institution to maximize the amount of time available for developing its response. The SACSCOC staff member then reviews the timeline for finalizing the committee's draft report and the remaining steps in preparing the institution for review by the SACSCOC Board of Trustees.

The Response to the Visiting Committee Report

In preparation for review by the SACSCOC Board of Trustees, many institutions – all those that received one or more Recommendations in the Report of the Accreditation Committee – must complete an additional report, the Response to the Visiting Committee Report. When the SACSCOC staff member transmit the final copy of the Report of the Accreditation Committee to the institution, that mailing includes directions for completing the institution's response and specifies both the date that it is due and the number of copies required. Requirements for formatting the response are summarized in the Commission policy [Reports Submitted for SACSCOC Review](#), available at www.sacscoc.org. Institutions should be careful to follow the formatting information in this policy.

Institutions are required to respond to all of the Recommendations included in the text of Part II (Assessment of Compliance) of the Report of the Accreditation Committee, but they are not required to address any of the committee's additional observations or consultative comments that are not tied to a Recommendation. The committee's recommendations are summarized at the end of the Report of the Accreditation Committee in Appendix C, which provides a reference for organizing the response. As in both Part B of the Application for Membership and the Compliance Certification, the response should present a narrative describing the institution's current status and documentation confirming that status. In short, the narrative should be clear, detailed, and comprehensive and should explain thoroughly the actions recently taken by the institution to ensure compliance, and the documentation should be appropriate for demonstrating achievement of compliance. The advice on writing the narratives and selecting the documentation for Part B of the Application for Membership and for the Compliance Certification, presented in Chapters 3 and 4 of this *Handbook*, applies as well to the development of the Response to the Visiting Committee Report.

Review by the SACSCOC Board of Trustees

In addition to having documented compliance with the requirements and standards of [The Principles of Accreditation](#), a candidate institution being reviewed by the SACSCOC Board for initial accreditation must have enrolled students without interruption through at least one complete degree program cycle and have graduated at least one class at the level of the highest degree offered by the institution. SACSCOC policy ([Accreditation Procedures for Applicant Institutions](#)) prohibits the denial of membership on any basis other than failure to comply with [The Principles of Accreditation](#) or failure to comply with policies and procedures of the SACSCOC.

One of the Board's Compliance and Reports Committees will review the Report of the Accreditation Committee, the institution's response to the visiting committee's report (required only if the accreditation committee wrote one or more recommendations), the chair of the

accreditation committee's evaluation of that response, and a background memo prepared by the SACSCOC staff member. If the institution is in its fourth year of candidacy, representatives of the institution may be invited to a meeting on the record with the C&R Committee. (Information about the procedures for these meetings is available in SACSCOC policy [Administrative Procedures for the Meetings of the Committees on Compliance and Reports](#). Following its review, the C&R Committee makes one of the following recommendations:

- 1. To award initial accreditation.** Initial accreditation (also called membership) is awarded for a five-year period. Initial accreditation is granted only for those purposes and programs in place at the time of the accreditation committee's visit. Accreditation is effective the date of the Board's action.
- 2. To continue the institution in candidacy.** An institution that has failed to meet the requirements for initial accreditation, but has at least two years remaining in its four years of candidacy and has provided strong evidence that it is making adequate progress towards compliance, may be continued in candidacy for an additional two years and also be authorized a new accreditation committee visit. In preparation for a visit by a second accreditation committee, the institution is expected to submit an updated Compliance Certification; special attention should be devoted to addressing the issues of noncompliance cited by the first accreditation committee. When the C&R Committee reviews the report prepared by the second accreditation committee, the C&R Committee will recommend that the institution either be awarded or denied initial accreditation.
- 3. To remove the institution from candidacy.** Sometimes (but rarely) something will have occurred at a candidate institution that will result in the institution's being in noncompliance with so many requirements and standards at the time of the accreditation committee visit that the SACSCOC Board of Trustees removes it from candidacy. Should this occur, the process ends and the institution may apply again at its discretion. Institutions also have the opportunity to appeal a decision for removal from candidacy by following the procedures outlined in SACSCOC policy [Appeals Procedures of the College Delegate Assembly](#), which is available at www.sacscoc.org.

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

The SACSCOC staff member working with the institution will call a person designated by the institution and relate the decision by the Board of Trustees shortly after the decision has been made. Approximately three working days after the Board of Trustees takes action at either the Summer Meeting in June or the Annual Meeting in December, those decisions are posted on the SACSCOC website at www.sacscoc.org. Commission policy [Disclosure of Accrediting Documents and Actions of SACSCOC](#) specifies the information that is made available to the public. Approximately two weeks after the web posting, an action letters signed by the

SACSCOC President officially notifies the CEO of the action taken by the Board of Trustees. Letters awarding initial accreditation specify the level at which membership has been awarded and the effective date. If further monitoring is required, the action letter not only identifies the issue(s) to be addressed and the due date for a report, but it also discusses the 24-month monitoring period that applies. Guidelines for preparation of the Monitoring Report are enclosed. If an institution is continued in candidacy after the first accreditation committee visit, the action letter specifies the requirements and standards for which compliance has not yet been adequately documented so that the institution can effectively re-work its Compliance Certification for the second accreditation committee visit.

New Responsibilities Following Initial Accreditation

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

Monitoring Reports. The SACSCOC Board requests a Monitoring Report when compliance with a standard has not yet been fully documented. In rare cases, the Board may award initial accreditation with a request for a Monitoring Report in which the institution addresses any remaining noncompliance issues. *However, the institution must be aware that no institution can be admitted to membership status with a Monitoring Report if any significant issues of noncompliance have been identified;* this would include any noncompliance with a standard designated as a core requirement. Monitoring Reports are requested for consideration either at the Board's next meeting in six months or at its meeting one year hence. The action letter specifies the precise due date for the report's submission, generally between two and three months prior to the Board's meeting.

Should a Monitoring Report be requested, like the Response to the Visiting Committee Report, the Monitoring Report should present both a clear, detailed narrative describing the institution's current status and appropriate documentation confirming the institution's current status. The advice on writing the narratives and selecting the documentation for the Application for Membership, the Compliance Certification, and the Response to the Visiting Committee Report elsewhere in this *Handbook* applies as well to the development of the Monitoring Report, which may be submitted on paper or in electronic form.

Requirements for formatting the Monitoring Report are summarized in SACSCOC policy [Reports Submitted for SACSCOC Review](#). To ensure that the formatting of the response meets the expectations of the members of the Compliance and Reports Committees, institutions should take pains to follow precisely the policy's directions. The Commission will not typically release a Monitoring Report to the public, but an institution may do so after the SACSCOC Board has taken action. SACSCOC policy [Disclosure of Accrediting Documents and Actions of SACSCOC](#), details responsibilities associated with the release of a Monitoring Report.

Substantive Change. The award of initial accreditation frees an institution from the prohibition against substantive change that was one of the conditions for remaining in good standing as an applicant and candidate institution. Chapter 3 of this *Handbook* closes with a section that briefly identifies the types of modifications and expansions that are considered substantive. Since member institutions are required to notify and/or receive prior approval from SACSCOC of changes in accordance with the substantive change policy, key individuals across the institution should understand the requirements presented in SACSCOC policies [Substantive Change for SACSCOC Accredited Institutions](#) and [Mergers, Consolidations, Change of Ownership, Acquisitions, and Change of Governance, Control, Form, or Legal Status](#), which are available at www.sacscoc.org. Adherence to these policies is key to maintaining accredited status. Both policies contain tables for reporting various types of substantive changes provides a ready reference to types of changes that are considered substantive, the procedure to follow for notification and/or approval, the timeframe, and the documentation required. The substantive change policy itself requires a member institution to have its own internal policies and procedures in place to ensure appropriate reporting. Typically, the institution's Accreditation Liaison manages this process.

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

Reaffirmation of Accreditation

Five years after being awarded initial accreditation, institutions are considered for reaffirmation of accreditation. In preparation for reaffirmation of accreditation, institutions must complete another Compliance Certification documenting ongoing compliance with [The Principles of Accreditation](#). In addition, the institution must also complete a Quality Enhancement Plan in support of its compliance with Standard 7.2. For details about preparing for the Off-Site Review and the On-Site Review that comprise the reaffirmation process, see the *Handbook for Institutions Seeking Reaffirmation*, which is available at www.sacscoc.org.

Each year approximately eighty institutions are reviewed for reaffirmation of accreditation. In an effort to maintain a manageable and efficient review process, institutions are divided into classes

that are named to reflect the year of reaffirmation and status as an undergraduate institution or an institution that awards graduate degrees. The Track A timeline, which schedules action by the SACSCOC Board of Trustees in June, applies to Level I and II institutions that offer undergraduate degrees only. The Track B timeline, which schedule Board action on reaffirmation in December, applies to Level III-VI institutions that offer graduate and undergraduate degrees (or only graduate degrees). Institutions should plan to follow the timeline and submit reports on the deadlines specified. Dates for the current three active reaffirmation classes are available at www.sacscoc.org under “[Institutional Resources](#).”

Chapter 6: Glossary and Reference Guide

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

-- A --

Accreditation Committee: The accreditation committee visits a candidate institution to verify compliance with the all requirements and standards in *The Principles of Accreditation* except Standard 7.2 (Quality Enhancement Plan) [See Chapter 5 of this *Handbook*.]

Accreditation Contact: The Accreditation Contact is the member of the applicant institution's Leadership Team who works closely with SACSCOC staff during review of the Application for Membership and with the chair of the candidacy committee to prepare for the institution's first on-site review. [See the end of Chapter 2 of this *Handbook*.]

Accreditation Liaison: Each candidate and member institution appoints an *Accreditation Liaison* to serve as the resource person on campus for SACSCOC accreditation questions and as an institutional contact person for SACSCOC personnel. [See then end of Chapter 4 of this *Handbook*. Also see the SACSCOC guideline, [The Accreditation Liaison](#).]

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

Appealable Actions: Four decisions made by SACSCOC or its standing committees are considered **appealable actions**: (1) denial of candidacy for initial accreditation, (2) removal from candidacy for initial accreditation, (3) denial of initial membership, and (4) removal from membership. [See Chapter 1 of this *Handbook* as well as SACSCOC policy [Appeals Procedures of the College Delegate Assembly](#).]

Appeals Committee: Consisting of 12 persons who have served on the SACSCOC Board of Trustees, the *Appeals Committee* is elected by the College Delegate Assembly to enable applicant, candidate, and member institutions to appeal adverse decisions taken by the SACSCOC Board. [See Chapter 1 of this *Handbook* as well as SACSCOC policy [Appeals Procedures of the College Delegate Assembly](#).]

Applicant Institution: After a prospective member institution submits an initial Application for Membership for review, it is an *applicant institution*. An applicant institution has no formal status with SACSCOC nor does submission of an Application for Membership imply that the institution will attain candidacy or membership.

Application for Membership: The first document submitted by institutions as they begin the process of securing initial accreditation, the *Application for Membership* describes institutional characteristics in Part A (history, control, organization, educational programs, methods of

delivery, enrollment, faculty qualifications, library/learning resources, financial resources, and physical resources) and documents compliance with selected sections of *The Principles of Accreditation* in Part B. [See Table 1 in Chapter 2 as well as Chapter 3 of this *Handbook*.]

Authorization of a Candidacy Committee Visit: The SACSCOC Board of Trustees' first official action in its procedures for securing initial accreditation is the ***authorization of a candidacy committee visit***, which results from a determination that the *revised* Application for Membership appears to document compliance with *The Principles of Accreditation*. [See Chapter 3 of this *Handbook*.]

-- B --

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

-- C --

Candidacy Committee: The ***candidacy committee*** visits an applicant institution to verify compliance with the selected standards and requirements addressed in the Application for Membership. [See Chapter 4 of this *Handbook*.]

Candidacy Status: An institution is initially granted two years of ***candidacy status*** upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees indicating that the institution has demonstrated compliance with the requirements addressed in the Application for Membership and that this compliance has been verified by a candidacy committee during a visit to the institution. Candidacy can be continued for another two years after review by a first accreditation committee. Candidate institutions move into membership after demonstrating compliance with all standards (except Standard 7.2 (Quality Enhancement Plan) in *The Principles of Accreditation*. [See Chapter 4 of this *Handbook*.]

Coherent Evidence: ***Coherent evidence*** of an institution's level of compliance with SACSCOC standards and requirements is orderly and logical and consistent with other patterns of evidence presented. [See Chapter 3 of this *Handbook* for information on documenting compliance.]

Cooperative Academic Arrangements: ***Cooperative academic arrangements*** are agreements by institutions accredited by SACSCOC and accredited or non-accredited degree-granting institutions of higher education throughout the world for purposes of awarding academic credits and/or educational program completion credentials, e.g., certificates, diplomas, degrees or transcripts. Institutions describe cooperative academic arrangements in many different ways, most commonly identifying them as dual or joint educational programs, affiliations, partnerships, and consortial agreements. [See SACSCOC policy [Agreements Involving Joint and Dual Academic Awards](#) as well as Standard 10.9 of *The Principles of Accreditation*.]

College Delegate Assembly: Comprised of one voting representative from each member institution, the ***College Delegate Assembly*** elects the SACSCOC Board of Trustees, the Appeals Committee, representatives to the SACS Board, and approves revisions to the accrediting standards and the

dues schedule. [See Chapter 1 of this *Handbook* as well as SACSCOC policy [Standing Rules: SACSCOC Board of Trustees, Executive Council, and the College Delegate Assembly...](#)]

Committees on Compliance and Reports (C&R Committees): Standing committees of the SACSCOC Board of Trustees, the *Committees on Compliance and Reports* review most Applications for Membership, reports prepared by visiting committees, and the institutional responses to those reports and recommend action on those accreditation issues to the Executive Council. [Further details on the composition and duties of C&R Committees is available in SACSCOC policy [Standing Rules: SACSCOC Board of Trustees, Executive Council, and the College Delegate Assembly.](#)]

Compliance: A finding of *compliance* in a report written by a visiting committee indicates that an institution has documented that it meets the expectations set forth in a standard or requirement in *The Principles of Accreditation*. Reports written by both candidacy committees and accreditation committees require judgments about the *compliance* or noncompliance of the institution with all of the standards and requirements relevant to the review; each judgment is summarized in a short narrative that details how the institution meets or fails to meet the standard or requirement.

Compliance Certification: The primary document prepared by candidate institutions for accreditation committees (when seeking initial accreditation) and Off-Site Review Committees (when member institutions are seeking reaffirmation of accreditation), the *Compliance Certification* presents narrative arguments for compliance with the requirements and standards in *The Principles of Accreditation*, as well as appropriate documentation supporting those narratives. [The template for the Compliance Certification for an accreditation committee visit is available at www.sacscoc.org under [Application Information](#).]

Compliance Components: Embedded in the wording of the requirements and standards of *The Principles of Accreditation* (and frequently signaled by numbers, letters, commas, and the use of compound modifiers), the *compliance components* are the multiple discrete issues that must be addressed for each requirement and standard. [See Chapter 3 of this *Handbook*.]

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

Continued Candidacy: An institution is *continued in candidacy* upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that the institution (1) has failed to demonstrate adequate compliance with the applicable sections of *The Principles of Accreditation* and/or (2) has not been in operation through at least one complete degree program cycle and consequently has not graduated at least one class at the level of the highest degree offered by the institution. Furthermore, this failure to meet the requirements for initial accreditation has been verified by the first Accreditation Committee that visited the institution. [See Chapter 5 of this *Handbook*.]

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

Core Requirements: Basic, broad-based, foundational requirements, the *core requirements* are specifically identified standards in *The Principles of Accreditation* which establish a threshold of development required of all institutions seeking initial accreditation or reaffirmation.

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

Current Evidence: Information that supports an assessment of the institution as it exists now is *current evidence* of an institution's level of compliance with SACSCOC standards and requirements. [See Chapter 3 of this *Handbook* for information on documenting compliance.]

-- D --

Denial of Authorization of a Candidacy Committee Visit: An institution is *denied authorization of a candidacy committee visit* upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees, indicating that the institution has failed to demonstrate compliance with the requirements of the Application for Membership. [See Chapter 3 of this *Handbook*.]

Denial of Candidacy Status: An institution is *denied candidacy status* upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees indicating that the institution has failed to demonstrate compliance with the requirements of the Application for Membership and that this lack of compliance has been verified by a candidacy committee during a visit to the institution. *Denial of candidacy status* is an appealable action. [See Chapter 4 of this *Handbook*.]

Denial of Initial Accreditation: An institution is *denied initial accreditation* upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that the institution (1) has failed to demonstrate adequate compliance with the applicable sections of *The Principles of Accreditation* and/or (2) has not been in operation through at least one complete degree program cycle and consequently has not graduated at least one class at the level of the highest degree offered by the institution. Furthermore, this failure to meet the requirements for initial accreditation has been verified by the second Accreditation Committee that visited the institution. *Denial of initial accreditation* is an appealable action. [See Chapter 5 of this *Handbook*.]

Distance Education: SACSCOC defines *distance education* as a formal educational process (synchronous or asynchronous) in which the majority of the instruction (interaction between students and instructors and among students) in a course occurs when students and instructors are not in the same place. A distance education course may use the Internet; one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; audio conferencing; or video cassettes, DVDs, and CD-ROMs if used as part of the distance learning course or program. [See SACSCOC policy [Distance and Correspondence Education](#).]

Dual Academic Award: A **dual academic award** is one whereby students study at two or more institutions, and each institution awards a separate program completion credential bearing only its own name, seal and signature. [See SACSCOC policy [Agreements Involving Joint and Dual Academic Awards](#).]

-- E --

Educational Program: An **educational program** is a set of courses leading to a credential (degree, diploma, or certificate) awarded by the institution.

Executive Council: Comprised of thirteen members, the **Executive Council** is the executive arm of the SACSCOC Board of Trustees and functions on behalf of the Board and the College Delegate Assembly between meetings. Further information on the composition and selection of the Executive Council and its duties is available in SACSCOC policy [Standing Rules: SACSCOC Board of Trustees, Executive Council, and the College Delegate Assembly](#).

Exit Conference: Both the candidacy committee visit and the accreditation committee visit end with a brief meeting between the committee and the institution's leadership, the **exit conference**, at which time the committee orally presents an overview of its draft report with particular emphasis on its findings of compliance/noncompliance. [See Chapters 4 and 5 of this *Handbook*.]

-- F --

Fees for Applicant Institutions: Applicant institutions are expected to enclose the **Application Fee** with the *initial* Application for Membership and to pay the **expenses of the Candidacy Committee's visit**. [A current fees schedule can be found in SACSCOC policy [Dues, Fees, and Expenses](#).]

Fees for Candidate Institutions: In addition to being assessed annual dues based on enrollment beginning with the calendar year in which Candidacy is awarded, Candidate institutions are expected to pay the **candidacy fee** and the **expenses of the accreditation committee's visit(s)**. [A current dues and fees schedule can be found in SACSCOC policy [Dues, Fees, and Expenses](#).]

Fifth-Year Interim Report: Submitted five years prior to an institution's reaffirmation review, a **Fifth-Year Interim Report** includes (1) a modified compliance certification that addresses certain standards of *The Principles of Accreditation*, (2) an Impact Report on the Quality Enhancement Plan, (3) an Institutional Summary Form Prepared for SACSCOC Reviews, and, where applicable, (4) a report on off-campus sites initiated since the institution's last reaffirmation but not reviewed, and (5) a report on issues identified for verification of continued compliance during the last reaffirmation review. [Further information about the **Fifth Year Interim Report** is in the *Handbook for Institutions Seeking Reaffirmation*, and on the [Institutional Resources](#) link at www.sacscoc.org.]

Focused Report: A component of the process for reaffirmation of accreditation, the **Focused Report** addresses the findings of the Off-Site Review Committee. Because an accreditation committee has no off-site stage, no **Focused Report** is prepared by institutions seeking initial accreditation. [Further information about the **Focused Report** is available in *Handbook for Institutions Seeking Reaffirmation*, available at www.sacscoc.org.]

-- G --

General Education: Courses in *general education* introduce students to the basic content and methodology of the principal areas of knowledge – humanities and the fine arts, the social and behavioral sciences, and the natural sciences and mathematics. [See Standard 9.3 (a core requirement) in *The Principles of Accreditation* and in the *Resource Manual*.]

Good Cause: If a member institution has not remedied deficiencies at the conclusion of its two-year monitoring period, the SACSCOC Board of Trustees must either remove the institution from membership or continue accreditation for *good cause*; an institution may be continued for *good cause* only if it has met three conditions: it has (1) demonstrated significant recent accomplishments in addressing noncompliance *and* (2) documented that it has the "potential" to remedy all deficiencies within the extended period *and* (3) provided assurance to the Board that it is not aware of any other reasons why the institution could not be continued in accreditation. [For further information, see SACSCOC policy [Sanctions, Denial of Reaffirmation, and Removal from Membership](#).]

-- I --

Impact Report for the Quality Enhancement Plan (QEP) on Student Learning: Submitted as part of the Fifth-Year Interim Report five years prior to an institution's next reaffirmation review, the *Impact Report* demonstrates the extent to which the prior QEP has affected outcomes related to student learning. [For further information, the *Handbook for Institutions Seeking Reaffirmation*, and the [Institutional Resources](#) link at www.sacscoc.org.]

Initial Accreditation: An institution is awarded *initial accreditation* upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that the institution has demonstrated compliance with the applicable sections of *The Principles of Accreditation* and this compliance has been verified by an accreditation committee during a visit to the institution, that it has been in operation through at least one complete degree program cycle, and that it has graduated at least one class at the level of the highest degree offered by the institution. The date of *initial accreditation* is the date of action by the SACSCOC Board of Trustees.

Initial Application for Membership: The *initial Application for Membership* (addressing Institutional Characteristics in Part A and documenting compliance with the relevant standards in Part B) is the first document submitted by the Applicant institution after participation in a Pre-Applicant Workshop. [See Chapters 2 and 3 of this *Handbook*.]

Institute on Quality Enhancement and Accreditation: Each summer, SACSCOC offers a three-day *Institute on Quality Enhancement and Accreditation* to address issues related to the assessment of student learning and the development of a Quality Enhancement Plan. [Programs for the upcoming institute and highlights of recent institutes are available at www.sacscoc.org, under [Meetings and Events](#).]

Institutional Effectiveness: *Institutional effectiveness* is the systematic, explicit, and documented process of measuring performance against mission in all aspects of an institution.

Institutional Effectiveness Workshop for Pre-Applicants: All attendees at the Workshop for Pre-Applicants are invited to attend a one-day *Institutional Effectiveness Workshop for Pre-*

Applicants, which is designed to illustrate how to write adequate narratives and appropriately document compliance with SACSCOC requirements and standards that have historically proven most difficult for applicants to address. [See Chapter 2 of this *Handbook*.]

Institutional Profile: Each year, the SACSCOC office collects information about candidate and member institutions; the *Institutional Profile* requesting information about finances is due in July; the *Institutional Profile* requesting information about enrollment is due in January.

Integrity: The honesty, sincerity, and sound moral principle embedded in the concept of *integrity* serve as the foundation of the relationship between SACSCOC and its member, candidate, and applicant institutions. The Principle of Integrity is Section 1 of *The Principles of Accreditation*.

-- J --

Joint Academic Award: A *joint academic award* is one whereby students study at two or more institutions and are awarded a single program completion credential bearing the names, seals and signatures of each of the participating institutions. [See SACSCOC policy [Agreements Involving Joint and Dual Academic Awards](#).]

-- L --

Last Reaffirmation: The date of an institution's *last reaffirmation* identifies the year that the most recent comprehensive review of the institution's compliance with SACSCOC requirements and standards was acted upon by the SACSCOC Board of Trustees.

Leadership Team: The *Leadership Team* is the small group at the institution that coordinates and manages the internal process for developing appropriate documents and overseeing preparations for the site reviews that are required for initial accreditation or reaffirmation of accreditation.

Level: Classified by SACSCOC according to the highest degree offered, member institutions are designated as operating at one of the following six *levels*:

Level I	Associate
Level II	Baccalaureate
Level III	Master
Level IV	Education Specialist
Level V	Doctorate (3 or fewer)
Level VI	Doctorate (4 or more)

-- M --

Main Campus: An institution's *main campus* is usually the campus with the central administrative unit.

Meeting on the Record: Committees on Compliance and Reports meet with representatives of institutions in a *meeting on the record*, which is an interview with a recorded transcript, when there is a significant possibility that SACSCOC action could include appealable actions (denial of candidacy for initial accreditation, removal from candidacy for initial accreditation, denial of initial membership, and removal from membership). [Further information is available in

SACSCOC policy [Administrative Procedures for the Meetings of the Committees on Compliance and Reports.](#)]

Member Institution: A *member institution* is an institution that is currently accredited. Membership begins at the time of initial accreditation; neither applicant nor candidate institutions are member institutions. Membership conveys the right of claiming accredited status by SACSCOC, being a member of the College Delegate Assembly, and the expectation that institutional personnel will participate in the activities of SACSCOC.

Monitoring Reports: A *Monitoring Report* provides additional documentation of compliance for those standards and requirements identified by the Committee on Compliance and Reports as issues for which full compliance has not yet been documented. [Additional information is available in SACSCOC policy [Reports Submitted for SACSCOC Review.](#)]

Multi-campus Institution: A *multi-campus institution* is accredited as one unit with all campuses included in that accreditation. Such campuses are permanent and usually have a core faculty and substantive administrative and academic support systems. A multi-campus institution may have a central administrative unit—a unit that administers the entire institution – with instruction taking place on the individual campuses.

-- N --

National Accrediting Agencies: *National accrediting agencies* (such as the Rabbinical and Talmudic Schools Accreditation Commission and the Accrediting Bureau of Health Education Schools) focus on specific types of institutions wherever they are located. [See Chapter 1 of this *Handbook*.]

Next Reaffirmation: The date for the *next reaffirmation* of a member institution is the year in which the SACSCOC Board of Trustees will act on the results of the next *comprehensive* review of the institution's compliance with SACSCOC requirements and standards. Between reaffirmations, other committees (such as substantive change committees) may visit the campus to review the institution's compliance with a portion of SACSCOC requirements and standards.

Noncompliance: A finding of *noncompliance* in a report written by a visiting committee indicates that an institution has failed to document that it meets a standard or requirement in *The Principles of Accreditation*. Reports written by both candidacy committees and accreditation committees require judgments about the compliance or *noncompliance* of the institution with all of the standards relevant to the review; each judgment is summarized in a short narrative that details how the institution meets or fails to meet the standard or requirement. In reports written by accreditation committees, narratives that detail findings of *noncompliance* include Recommendations, which formally cite the lack of compliance with a standard or requirement.

-- O --

Objective Evidence: *Objective evidence* of the institution's level of compliance with SACSCOC standards and requirements is based on observable data and information. [See Chapter 3 of this *Handbook* for information on documenting compliance.]

Off-Campus Instructional Site: An *off-campus instructional site* is a teaching site located geographically apart from the main campus. A site at which an institution provides electronic delivery and where students go to access the support services needed is also considered an *off-campus instructional site*.

Off-Site Review Committee: Composed of a chair and evaluators for finance, institutional effectiveness, organization and administration, student support services, learning support services, and two or more evaluators for educational programs, the *Off-Site Review Committee* completes the first review of the Compliance Certification developed by a member institution seeking reaffirmation of accreditation. [Details about the composition and duties of this committee are available in the *Handbook for Institutions Seeking Reaffirmation*, available at www.sacscoc.org.]

On-Site Review Committee: Composed of a minimum of seven members (the Chair and evaluators in the areas of organization/governance, faculty, educational programs, academic and student support services, institutional effectiveness, and the Quality Enhancement Plan), the *On-Site Review Committee* visits a member institution seeking reaffirmation of accreditation to complete the review of the standards begun by the Off-Site Review Committee, to review select standards that require on-site review regardless of off-site findings, to review distance education and off-campus instructional sites (if appropriate), and to review the Quality Enhancement Plan. [Details about the composition and duties of this committee are available in the *Handbook for Institutions Seeking Reaffirmation*, available at www.sacscoc.org.]

-- P --

Principle of Integrity: The *Principle of Integrity* (Section 1 in *The Principles of Accreditation*) embodies SACSCOC expectations that integrity govern the operation of all institutions and that institutions make decisions consistent with the spirit of integrity. Failure to adhere to the integrity principle may result in a loss of accreditation or candidacy.

Probation: A more serious sanction than warning, *probation* is usually, but not necessarily, invoked by SACSCOC as the last step before an institution is removed from membership. Sanctions are not applicable to applicant and candidate institutions. [See SACSCOC policy [Sanctions, Denial of Reaffirmation, and Removal from Membership](#).]

Procedure One: *Procedure One* applies to substantive changes proposed by member institutions which require SACSCOC approval (and often also notification) *prior to* implementing the substantive changes; *Procedure One* changes require the submission of a prospectus or application. *Procedure One* applies to changes such as the following: (1) *curriculum* – initiating programs at a lower or higher level, expanding at the institution’s current degree level if the new programs constitute a significant departure from current programs, initiating degree completion programs, changing significantly the length of a program, entering into a teach-out agreement or closing an institution, and initiating a joint degree program with another institution not accredited by the SACSCOC; (2) *location* – initiating an additional off-campus site for site-based/classroom group instruction offering at least 50 percent of the credits toward an educational program, and initiating or relocating a branch campus or main campus; (3) *delivery system* – initiating distance learning courses and programs by which students can earn at least 50 percent of a program’s credits offered electronically. Mergers, consolidations, and change in governance are also substantive changes, although they are referenced under a separate policy *Applicant and Candidate institutions are reminded that substantive change is prohibited during the initial accreditation process*. [A full list of substantive changes that require notification and/or approval and directions

for developing a prospectus can be found in SACSCOC policy [Substantive Change for SACSCOC Accredited Institutions](#). See also SACSCOC policy [Mergers, Consolidations, Change of Ownership, Acquisitions, and Change of Governance, Control, Form, or Legal Status](#).]

Procedure Two: *Procedure Two* is followed by Member institutions prior to implementing substantive changes requiring only notification. *Procedure Two* applies to changes such as the following: (1) *curriculum* – initiating programs/courses delivered through contractual agreement or a consortium, or repackaging an existing approved curriculum to offer a degree at a lower level; (2) *location* – initiating an additional off-campus site for site-based/classroom group instruction offering from 25-49 percent of the credits toward an educational program or relocating an approved off-campus site; and (3) *delivery system* – initiating distance learning courses and programs by which students can earn 25-49 percent of a program’s credits offered electronically. ***Applicant and Candidate institutions are reminded that substantive change is prohibited during the initial accreditation process.*** [A full list of substantive changes that require notification can be found in SACSCOC policy [Substantive Change for SACSCOC Accredited Institutions](#).]

Procedure Three: *Procedure Three* substantive changes apply to the closing of a program, instructional site, branch campus, or an institution. The procedure sets forth the process for obtaining *prior approval* of teach-out plans and teach-out agreements with other higher education institutions. ***Applicant and Candidate institutions are reminded that substantive change is prohibited during the initial accreditation process.*** [A full list of substantive changes that require notification and/or approval can be found in SACSCOC policy [Substantive Change for SACSCOC Accredited Institutions](#).]

Programmatic Accrediting Agencies: *Programmatic accrediting agencies* (such as those for dentistry and for dance) focus on discipline-specific educational programs. These agencies are sometimes called *specialized* accrediting agencies. [See Chapter 1 of this *Handbook*.]

-- Q --

Quality Enhancement Plan (QEP): Standard 7.2 of *The Principles of Accreditation* requires institutions develop as part of their reaffirmation of accreditation process “a QEP that (a) has a topic identified through its ongoing, comprehensive planning and evaluation processes; (b) has broad-based support of institutional constituencies; (c) focuses on improving specific student learning outcomes and/or student success; (d) commits resources to initiate, implement, and complete the QEP; and (e) includes a plan to assess achievement.” Applicant and candidate institutions do not prepare a Quality Enhancement Plan during the process for initial accreditation.

-- R --

Reaffirmation of Accreditation: A process that involves a collective analysis and judgment by the institution’s internal constituencies, an informed review by peers external to the institution, and a reasoned decision by the elected members of the SACSCOC Board of Trustees, ***reaffirmation of accreditation*** is the process for ensuring that member institutions maintain continuing compliance with SACSCOC policies and with *The Principles of Accreditation*. An institution must be reaffirmed five years after it gains initial accreditation and every ten years thereafter.

Recommendation: A *Recommendation* is a formal statement by a SACSCOC visiting committee of lack of compliance with a standard or requirement in *The Principles of Accreditation*. The candidacy committee is the only SACSCOC visiting committee that does not write *Recommendations*.

Regional Accrediting Agencies: The seven *regional accrediting agencies* within the six geographic regions of the U.S. are institutional accreditors. Accreditation by a **regional accrediting agency** applies to the entire institution and all its programs regardless of location or modality of instruction, not just specific educational programs. [See Chapter 1 of this *Handbook*.]

Relevant Evidence: When the evidence directly addresses the requirement/standard and provides the basis for the institution's argument for compliance, it is *relevant evidence* of an institution's level of compliance with SACSCOC standards and requirements. [See Chapter 3 of this *Handbook* for information on documenting compliance.]

Reliable Evidence: Evidence that can be consistently interpreted is *reliable evidence* of an institution's level of compliance with SACSCOC standards and requirements. [See Chapter 3 of this *Handbook* for information on documenting compliance.]

Removal from Candidacy: An institution is *removed from candidacy* upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees, indicating that the institution has failed to demonstrate compliance with the Principle of Integrity, core requirements and/or has failed to provide strong evidence that it is making adequate progress towards complying with other standards and policies of SACSCOC. Removal from Candidacy is an appealable action. [See Chapter 5 of this *Handbook*.]

Report of the Accreditation Committee: Prepared by the accreditation committee to record their on-site findings of compliance and noncompliance with the applicable sections of *The Principles of Accreditation*, the *Report of the Accreditation Committee* is considered by the Committee on Compliance and Reports when it determines whether to recommend initial accreditation for a candidate institution or for a unit of a member institution seeking separate accreditation. [The template for this report is available at www.sacscoc.org, under [Application Information](#).]

Report of the Candidacy Committee: Prepared by the candidacy committee to record their on-site findings of compliance and noncompliance with all core requirements as well as several other specific standards, the *Report of the Candidacy Committee* is considered by the Committee on Compliance and Reports when it determines whether to recommend the granting of candidacy status to an applicant institution. [The template for this report is available at www.sacscoc.org, under [Application Information](#). A list of all standards reviewed by the candidacy committee is in Table 1 of Chapter 2 of this *Handbook*.]

Report of the Reaffirmation Committee: Begun by the Off-Site Reaffirmation Committee and completed by the On-Site Reaffirmation Committee to record findings of compliance and noncompliance with all requirements and standards in *The Principles of Accreditation*, the *Report of the Reaffirmation Committee* is reviewed by the Committee on Compliance and Reports when it determines whether to recommend Reaffirmation of Accreditation for a member institution. This report does not apply to institutions seeking initial accreditation. [See the *Handbook for Institutions Seeking Reaffirmation*. The template for this report is available at www.sacscoc.org under [Committee Resources](#).]

Report of the Special Committee: Prepared by the Special Committee to record on-site findings of compliance and noncompliance with the applicable standards and requirements, the *Report of the*

Special Committee is reviewed by the Committee on Compliance and Reports when it determines whether to recommend continuation of accreditation for a member institution. [The template for this report is available at www.sacscoc.org, under [Committee Resources](#), although the standards to be reviewed vary depending on the charge to the Special Committee. See SACSCOC policy [Special Committee Procedures and Team Report](#).]

Report of the Substantive Change Committee: Prepared by the Substantive Change Committee to record on-site findings of compliance and noncompliance with the applicable requirements and standards, the *Report of the Substantive Change Committee* is reviewed by the Committee on Compliance and Reports when it determines whether to recommend continuation of accreditation for a member institution. Since institutions seeking initial accreditation are not allowed to undertake substantive changes, this report would not apply to these institutions. [The templates for various substantive change reports are available at www.sacscoc.org, under [Committee Resources](#).]

Representative Evidence: Not indicative of an isolated case, *representative evidence* of an institution's level of compliance with SACSCOC standards and requirements reflects a larger body of knowledge. [See Chapter 3 of this *Handbook* for information on documenting compliance.]

Response to the Visiting Committee Report: A *Response to the Visiting Committee Report* addresses recommendations written by visiting committees by providing updated or additional documentation of compliance. Applicants may respond to the Candidacy Committee Report, and candidate institutions may be asked to write a response to the Report of the accreditation committee. [Further information is available in SACSCOC policy [Reports Submitted for SACSCOC Review](#).]

Revised Application for Membership: After the leadership team from an applicant institution has met with SACSCOC staff to discuss the staff analysis of the initial Application for Membership, the institution is invited to re-work weak sections of the original document and submit a *revised Application for Membership*. The decision whether to authorize a candidacy committee visit will be based on this revised document. [See Chapter 3 of this *Handbook*.]

-- S --

SACS: A private, nonprofit, voluntary organization, the *Southern Association of Colleges and Schools (SACS)* comprises two separately-incorporated accrediting entities – Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) and the Southern Association of Colleges and Schools Council on Accreditation and School Improvement (SACS CASI). These units of *SACS* make accreditation decisions, not the parent organization. [See Chapter 1 of this *Handbook*.]

SACS Board of Trustees: The *SACS Board of Trustees* oversees the shared business of its two separately-incorporated accrediting entities – SACSCOC and SACS CASI. The College Delegate Assembly of SACSCOC is responsible for naming the SACSCOC representatives to the *SACS Board of Trustees*. [See Chapter 1 of this *Handbook*.]

SACSCOC: One of two separately incorporated entities of the Southern Association of Colleges and Schools, the *Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)* is the regional body for the accreditation of degree-granting institutions of higher education in the eleven Southern states – Alabama, Florida, Georgia, Kentucky, Louisiana,

Mississippi, North Carolina, South Carolina, Tennessee, Texas, and Virginia; SACSCOC also accredits international institutions of higher education. [See Chapter 1 of this *Handbook*.]

SACSCOC Board of Trustees: Comprised of 77 elected members, the *SACSCOC Board of Trustees* recommends changes to the accrediting standards, authorizes special visits, takes final action on the accreditation status of institutions, nominates individuals to serve on the SACSCOC Board, elects the Executive Council, appoints *ad hoc* study committees, and approves policies and procedures. [Further information on the selection of trustees and their duties is available in SACSCOC policy [Standing Rules: SACSCOC Board of Trustees, Executive Council, and the College Delegate Assembly](#). Also see Chapter 1 of this *Handbook*.]

SACSCOC Good Practices: A *SACSCOC good practice* is a commonly-accepted practice within the higher education community to enhance institutional quality. [Good practices are posted at [Policies & Publications](#) on the SACSCOC website.]

SACSCOC Guidelines: A *SACSCOC guideline* is an advisory statement designed to assist institutions in fulfilling accreditation requirements. [Guidelines are posted at [Policies & Publications](#) on the SACSCOC website.]

SACSCOC Policies: A *SACSCOC policy* is a required course of action to be followed by SACSCOC its member or candidate institutions. [Policies are posted at [Policies & Publications](#) on the SACSCOC website.]

SACSCOC Position Statement: A *SACSCOC position statement* examines an issue facing the Commission's membership, describes appropriate approaches, and states the Commission's stance on the issue. [Position statements are posted at [Policies & Publications](#) on the SACSCOC website.]

SACSCOC Staff Member: Various members of the SACSCOC staff are designated contacts for applicant, candidate, and member institutions as they move through various phases of the accreditation process. One individual serves as the contact for institutions engaged in preparing an Application for Membership. After a candidacy committee visit has been authorized, institutions are assigned to the SACSCOC Staff Member who facilitates candidacy committee and accreditation committee reviews; upon receipt of initial accreditation and completion of any related Monitoring Reports, institutions are assigned to another SACSCOC Staff Member who will facilitate the institution's first reaffirmation of accreditation.

Sanctions: An institution that fails to comply with any of the core requirements, demonstrates significant noncompliance with other standards, fails to make significant progress towards correcting deficiencies within the time allotted, or does not comply with SACSCOC policies may be placed on one of two *sanctions* – warning or probation. Sanctions are not applicable to applicant and candidate institutions. [See SACSCOC policy [Sanctions, Denial of Reaffirmation, and Removal from Membership](#).]

Separate Accreditation: When a branch campus or other extended unit of an existing member institution becomes sufficiently autonomous from the parent institution such that control over that unit by the parent or its board is significantly impaired, it may seek (or be directed by SACSCOC to seek) *separate accreditation*. Because the unit is already part of an accredited institution, it does not go through the candidacy phase of seeking initial accreditation, and while undergoing the process of separate accreditation, it retains accreditation as a unit of the parent institution. [See SACSCOC policy [Separate Accreditation for Units of a Member Institution](#).]

Site visits: Teams of evaluators are sent to applicant, candidate, and member institutions to verify the documentation of compliance previously submitted to SACSCOC in such documents as an Application for Membership, a Compliance Certification, or a prospectus for substantive change. *Site visits* typically involve the main campus and, if applicable, off-campus sites and distance education programs.

Special Committee: *Special Committees* are authorized by the SACSCOC Board of Trustees or by the SACSCOC President to evaluate institutional circumstances determined to be indicative of a lack of compliance with SACSCOC standards, regulations, or policies. *These committees do not apply to applying or Candidate Institutions.* [See SACSCOC policy [Special Committee Procedures and Team Report.](#)]

Staff Advisory Visit: After an applicant institution is granted candidacy status, the SACSCOC staff member schedules a *staff advisory visit* to the institution to address preparation of the Compliance Certification. [See Chapter 5 of this *Handbook*.]

Standards: The 14 sections of *The Principles of Accreditation* contain specific *standards* which establish the expectations of attaining and retaining membership (accreditation) by SACSCOC. Standards denoted as core requirements are especially important in accreditation reviews.

Substantive Change: *Substantive change* is a significant modification or expansion of the nature and scope of an accredited institution. Under federal regulations, *substantive change* includes (1) changing the established institutional mission or objectives, (2) changing the institution's legal status, form of control, or ownership, (3) adding courses/programs that represent a significant departure in content or in method of delivery, (4) adding courses/programs at a degree or credential level above the institution's current accreditation, (5) changing from clock hours to credit hours, (6) substantially increasing the number of clock or credit hours for completion of a program, (6) adding an off-campus location at which the institution offers at least 50 percent of an educational program, and (7) establishing a branch campus. Mergers and other changes in the structure of an institution are also substantive changes. *An applicant or candidate institution may not undertake a substantive change until after it gains initial accreditation.* [Further information about reporting and approval procedures for substantive change can be found in SACSCOC policies [Substantive Change for SACSCOC Accredited Institutions](#) and [Mergers, Consolidations, Change of Ownership, Acquisitions, and Change of Governance, Control, Form, or Legal Status](#). Also see Chapters 3 and 5 of this *Handbook*.]

Substantive Change Committee: Composed of a chair and a number of evaluators whose expertise is appropriate for the significant departure or expansion under review, the *substantive change committee* visits the institution to confirm whether the institution has maintained compliance with selected requirements and standards relevant to the substantive change. *This committee does not apply to applicant or candidate institutions.*

-- T --

Teach-out Agreement: A *teach-out agreement* is a written agreement between accredited institutions that provides for the equitable treatment of students if one of those institutions stops offering an educational program before all students enrolled in that program complete the program. [Requirements for approval of teach-out agreements can be found in Procedure Three of SACSCOC policy [Substantive Change for SACSCOC Accredited Institutions](#).]

[The Principles of Accreditation: Foundations for Quality Enhancement](#): The accreditation requirements and standards that must be met by all applicant, candidate, and member institutions (private for-profit, private not-for-profit, and public) are published in **[The Principles of Accreditation](#)**. These requirements apply to all institutional programs and services, wherever located or however delivered.

Third-Party Comments: In recognition of the value of information provided by students, employees, and others in determining whether an institution's performance at the time of formal committee evaluation for candidacy, initial accreditation, or reaffirmation of accreditation meets all requirements at the time of the relevant committee's review, SACSCOC invites the public to submit ***third-party comments***. [Further information can be found in SACSCOC policy **[Third-Party Comment by the Public](#)**.]

Type of Institution: On the basis of their governance systems, member institutions are classified as one of two primary **types of institutions** -- Public or Private. Private institutions are further classified as Not-for-Profit and For-Profit.

-- U --

Unsolicited Information: Significant accreditation-related information revealed about a Candidate or Member institution (1) during off-site or on-site committee reviews, (2) between periods of scheduled review, and (3) during a meeting on the record with the Committees on Compliance and Reports constitutes ***unsolicited information*** that may become the basis for a request for further documentation of compliance with a SACSCOC standard, requirement, or policy. [Further information can be found in SACSCOC policy **[Unsolicited Information](#)**.]

-- V --

Verifiable Evidence: Evidence that can be replicated and corroborated is ***verifiable evidence*** of an institution's level of compliance with SACSCOC standards and requirements. [See Chapter 3 of this *Handbook* for information on documenting compliance.]

Visiting Committees: Composed of evaluators from similar institutions outside of the home state of the host institution, ***visiting committees*** conduct site visits to home campuses and/or off-campus sites and write reports of their findings for consideration by the Committee on Compliance and Reports as it addresses institutional accreditation issues. ***Visiting committees*** are most often referred to by titles that reflect the nature of the accreditation issue under consideration (such as candidacy committee or accreditation committee). [Further information on ethical aspects of all visiting committees is available in SACSCOC policy **[Ethical Obligations of Evaluators](#)**.]

-- W --

Warning: The less serious of the two sanctions, ***warning*** is usually, but not necessarily, levied in the earlier stages of institutional review and often, but not necessarily, precedes probation. It cannot, however, succeed probation. Sanctions are not applicable to applicant and candidate institutions. [See SACSCOC policy **[Sanctions, Denial of Reaffirmation, and Removal from Membership](#)**.]

Workshop for Pre-Applicants: Prior to submitting an Application for Membership, all prospective applicants (including campuses of member institutions seeking separate accreditation) are **required** to attend a one-day *Workshop for Pre-Applicants*, and are required to attend a one-day Institutional Effectiveness Workshop the following day. The Workshop for Pre-Applicants is designed to (1) review the procedures for attaining membership, (2) provide an understanding of SACSCOC and its accreditation procedures, and (3) explain how to complete the application.