Overview of the proposed changes

[NOTE: The redlined version is first in each packet and page references are for this version. Clean versions of the policy is the second document in the packet.]

A. “Interpretation of Core Requirement 8.1 (Student achievement)”—FOR ACTION
   • Incorporates new interpretation of the “note” from the Resource Manual
   • Clarifies request that one measure of student success must be graduation rates
   • Clarifies that graduation rates must be reported in the compliance certification during the reaffirmation process and in the Fifth-Year Interim Report.
   • Identifies components that must be disaggregated from the graduation rate data.

B. “Military Institutions”—FOR ACTION
   • New policy
   • Applicable only to military institutions authorized and operated by the federal government.
   • Specifies the exceptions for CR 4.1 (Governing board characteristics) and CR 13.2 (Financial documents), permitting it to have the force of policy.
   • Clarifies the financial requirements and aligns with long-standing practice.
   • Aligns with the rationale of the Principle Review Committee.

C. “Complaints Against SACSCOC or its Accredited Institutions”—FOR ACTION
   • Revised policy and procedures to align with our practice to include destruction of record one (1) year after matter is closed.

D. Accreditation Records Retention, Maintenance & Destruction Policy for SACSCOC”—FOR ACTION
   • Deletes “…and complaints against institutions” from the definition of an “Accreditation Record” to align with complaint’s policy, permitting destruction of records after one (1) year.
   • Aligns with long-standing practice of destruction of such records after one year.

E. “Seeking Accreditation at a Higher or Lower Level”—FOR ACTION
   • New Policy
   • Codifies SACSCOC practice to address level changes to a lower level and require filing a substantive change prospectus.
   • Codifies process for closing all educational programs at a currently approved level.
   • Changes language to permit “electronic” notification.

F. “Ethical Obligations of Evaluators”—FOR ACTION
   • Revises the policy to permit original (i.e. “wet”) and electronic signatures, attesting to the absence of any conflict of interest.
   • Updates the procedures to permit the above.
G. "Ethical Obligations of Members of SACSCOC Board of Trustees"—FOR ACTION
   • Revises the policy to permit original (i.e. "wet") and electronic signatures, attesting to the absence of any conflict of interest.
   • Updates the procedures to permit the above.

H. "Quality Enhancement Plan"—FOR ACTION
   • Deleted the line, "...or document ongoing quality enhancement initiatives which would demonstrate compliance with Standard 7.2 (QEP)."
   • Clarifies the requirement to submit a QEP Impact Report regarding an institution’s Quality Enhancement Plan (QEP). There is no option.

I. “Administrative Procedures for the Meetings of the Committees on Compliance and Reports”—For information
   • Adds language to the procedures to permit electronic notifications
   • Deleted the “fax” and added “electronically”; no policy changes.

J. “Reports Submitted for SACSCOC Review”—For information
   • Revised the procedures to permit electronic submission of documents; no policy changes.
INTERPRETATIONS TO THE PRINCIPLES OF ACCREDITATION

Interpretation of Core Requirement 8.1 (Student achievement)

Core Requirement 8.1 reads:

The institution identifies, evaluates, and publishes goals and outcomes for student achievement appropriate to the institution’s mission, the nature of the students it serves, and the kinds of programs offered. The institution uses multiple measures to document student success.
(Student achievement) [CR]

Interpretation:

Member institutions are expected to demonstrate their success with respect to student achievement and indicate the criteria and thresholds of acceptability used to determine that success. The criteria are the items to be measured (and published); the thresholds of acceptability are the minimal expectations set by the institution to define its own acceptable level of achievement (i.e., a minimum target). The institution is responsible for justifying both the criteria it utilizes and the thresholds of acceptability it sets. The items measured and the thresholds of acceptability should be consistent with the institution’s mission and the students it serves.

In their reviews, SACSCOC committees will examine and analyze (1) documentation demonstrating success with respect to student achievement, (2) the appropriateness of criteria and thresholds of acceptability used to determine student achievement, and (3) whether the data and other information to document student achievement is appropriately published.

While this standard does not ask what the institution does when it finds it falls short of its own expectations, institutions not meeting their self-identified thresholds of performance would be expected to document efforts to meet expectations.

Graduation Rates

The standard requires the institution to use “multiple measures to document student success.” SACSCOC expects one of those measures to be graduation rates. Every member institution has been asked to identify the indicator it will use to evaluate graduation rates (IPEDS Graduation Rate, IPEDS 8 Year Outcomes, National Student Clearinghouse Total Completion Rate, or SACSCOC Institutional Profile). The chosen indicator allows an institution to establish a baseline and compare its current performance with other peer institutions. At the same time, the institution was expected to establish appropriate and reasonable targets related to graduation rates and student achievement.

Member institutions which are preparing a compliance certification for review during the reaffirmation process or review by a Fifth-Year Interim Committee must address graduation rates – using the chosen indicator – when providing a narrative and supporting documentation for Core Requirement 8.1 (Student achievement). Institutions whose graduation rates fall below appropriate and acceptable institutional targets should also discuss ongoing institutional strategies to seek improvement. Institutions which only serve
graduate and professional students were not asked to select one of the indicators noted above; they are, however, expected to address graduation rate as part of their discussion of student achievement.

In order to maximize institutional effectiveness in the area of student achievement, member institutions should also disaggregate graduation rate data by appropriate gender, ethnic, socioeconomic, and/or other student population characteristics. Institutions should, as a result of the analysis of such disaggregated data, discuss any ongoing institutional strategies to seek improvement in the achievement of at-risk student populations when addressing compliance with CR 8.1 (Student achievement). The institution will also be expected to provide a rationale for the way(s) in which it disaggregates graduation rate data.

Document History
Approved: Executive Council, December 2019
MILITARY INSTITUTIONS

Policy Statement

Military institutions authorized and operated by the federal government to award degrees operate under constraints imposed by federal statute or regulation. In the following specific instances, these constraints require an alternative means of demonstrating compliance with the standards found in the Principles of Accreditation: Foundations for Quality Enhancement.

Core Requirement 4.1 (Governing board characteristics)

Responses to this standard should address the following:

4.1 The institution has a public board of at least five members that
   (a) has broad and significant influence on the institution’s programs and operations and plays an active role in policy-making.
   (b) ensures that the financial resources of the institution are used to provide a sound educational program.
   (c) ensures that both the presiding officer and a majority of other board members are neither civilian employees of the military nor active/retired military. Both the presiding officer of the board and a majority of other voting board members are free of any contractual, employment, personal or familial financial interest in the institution.
   (d) is not controlled by a minority of board members or by organizations or interest separate from the board except as specified by the authorizing legislation.
   (e) is not presided over by the chief executive officer of the institution.

Core Requirement 13.2 (Financial documents)

Federally-funded military institutions are not required to conduct or submit annual audits of their financial statements. Therefore, these institutions will not be required to provide audited financial statements (or a Standard Review Report) to demonstrate compliance with Core Requirement 13.2 and used to support the narratives of Core Requirement 13.1 (Financial resources) and Standard 13.3 (Financial responsibility). Instead, such institutions will be asked to provide the following:

1. Statements of financial activities for the two most recent fiscal years.
2. Reviews which demonstrate effective fiscal management controls.
3. Board-approved budget for the current fiscal year.
This information must accurately represent the total operation of the institution and must be sufficient to demonstrate adequate financial support of programs and operations. The CEO’s signature is required to certify the factual nature of the documents submitted.

**Document History**
Approved: SACSCOC Board of Trustees, December 2019
Southern Association of Colleges and Schools Commission on Colleges
1866 Southern Lane
Decatur, Georgia 30033-4097

COMPLAINTS AGAINST SACSCOC OR ITS ACCREDITED INSTITUTIONS

Policy Statement

Statement of Purpose

The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) recognizes the value of information provided by students, employees, and others in determining whether an institution's performance is consistent with SACSCOC standards for obtaining or maintaining accreditation. SACSCOC is also committed to ensuring that member institutions maintain appropriate grievance procedures and standards of procedural fairness and that these are applied appropriately and consistently. Reviewing formal, written complaints involving member institutions enables SACSCOC to address possible non-compliance with its Principles of Accreditation and policies, as well as to address possible violations of an institution's own policies and procedures, if related to the Principles.

Because SACSCOC's complaint process is for the purpose of addressing any significant non-compliance with SACSCOC's accreditation standards or policies, this process is not intended to be used to involve SACSCOC in disputes between individuals and member institutions, or cause SACSCOC to interpose itself as a reviewing authority in individual matters of admission, grades, granting or transferability of credits, application of academic policies, fees or other financial matters, disciplinary matters, or other contractual rights and obligations. Nor does SACSCOC seek redress on an individual's behalf. Under no circumstances does SACSCOC respond to – or take action on – any complaint or any allegation that contains defamatory or threatening statements. Further, SACSCOC will not serve as a grievance panel when the outcome of institutional grievance or appeal processes is unsatisfactory to the complainant.

SACSCOC expects individuals to attempt to resolve the issue through all means available to the complainant, including following the institution's own published grievance procedures, before submitting a complaint to SACSCOC. Therefore, SACSCOC is under no obligation to consider additional information submitted by the complainant subsequent to the receipt of the formal complaint. SACSCOC's usual practice is not to consider a complaint that is currently in administrative proceedings, including institutional proceedings, or in-litigation. However, if there is substantial, credible evidence that indicates systemic problems with an accredited institution, SACSCOC may, at its discretion, choose to proceed with the review.
Responsibilities of Institutions

Standard 12.4 (Student complaints) of the Principles of Accreditation states:

The institution (a) publishes appropriate and clear procedures for addressing written student complaints, (b) demonstrates that it follows the procedures when resolving them, and (c) maintains a record of student complaints that can be accessed upon request by SACSCOC.

Each institution is required to have in place student complaint policies and procedures that are reasonable, fairly administered, and well publicized. SACSCOC also requires, in accord with federal regulations, that each institution maintains a record of complaints received by the institution. This record is made available to SACSCOC upon request. This record will be reviewed and evaluated by SACSCOC as part of the institution’s comprehensive decennial evaluation.

Complaints against an Institution

An individual may make an inquiry regarding complaint procedures or about issues and concerns that could be considered complaints; however, the Commission’s response and its obligations to meet the specific timetables outlined in the procedures outlined referenced later in this document will begin only after the complainant submits a formal written complaint. A formal complaint is one that is (1) submitted in writing using the SACSCOC “Complaint Form” (appended to the end of this document), (2) signed by the person submitting the complaint (complainant), (3) two print copies of the form and any supporting documentation, and (4) sent via ground mail to:

President
Southern Association of Colleges and Schools Commission on Colleges
1866 Southern Lane
Decatur, Georgia, GA 30033-4097

SACSCOC will not consider the following to be formal, written complaints: (a) complaints that are not in writing, (b) anonymous complaints which are anonymous, (c) complaints submitted electronically, (d) complaints submitted through facsimile transmission, (e) complaints submitted on behalf of another individual, or (f) complaints forwarded to SACSCOC. In addition, SACSCOC does not accept voice recordings, such as recordings of meetings and conversations, as evidence in support of a complainant’s allegations. To submit information from voice recordings, the complainant should have the tape transcribed, provide a signature page for the complainant to attest to the accuracy of the transcription, and have the signature page notarized. If a complainant has a demonstrated disability that prevents submission of a formal complaint in accord with the guidelines above, he or she should contact the SACSCOC Public Relations and Data Specialist for assistance.

Complaints against SACSCOC Board of Trustees or its Staff

Complaints against SACSCOC are limited to complaints regarding the agency’s accreditation standards, procedures, and SACSCOC staff or any other SACSCOC representative. In order to be considered a formal complaint against SACSCOC, a complaint must involve issues broader than a concern about a specific institutional action.
Distinction between Submitting Third-Party Comments and Filing Formal Complaints

SACSCOC is interested in ensuring that member institutions maintain ongoing compliance with SACSCOC standards and policies outside the institution’s scheduled formal review and that member institutions maintain appropriate grievance procedures and standards of procedural fairness that are applied consistently. Therefore, if an individual has documentation of an institution’s significant non-compliance with SACSCOC standards or policies, the individual should file a formal complaint with SACSCOC.

Third-party comments are submitted by the public at the time of an institution’s formal, scheduled review (initial accreditation or reaffirmation) for the purpose of informing SACSCOC regarding the institution’s ongoing commitment to compliance with SACSCOC standards and policies. Therefore, if an individual wishes to address an institution’s compliance with the Principles of Accreditation at the time of the institution’s formal committee review, he/she should use the policy “Third-Party Comment by the Public.”

COMPLAINT PROCEDURES

Procedures for filing a complaint against a SACSCOC member institution

A formal, written complaint against an institution must meet the definitions outlined in the policy statement above. The complaint must be submitted in writing using the SACSCOC “Complaint Form,” and signed by the complainant. SACSCOC will not entertain anonymous complaints. The “Complaint Form” includes:

1. A brief statement describing the complaint in the clearest possible terms.

2. The section(s) of the Principles of Accreditation with which the institution is alleged to have been out of compliance, and the time frame in which the significant lack of compliance is alleged to have occurred.

3. A clear and concise written description of the documentation upon which the allegation is based should state relevant facts and document and support the allegation that the institution is in significant violation of the standards referenced in the complaint. The documentation should state relevant facts and support the allegation that the institution is in significant violation of the standards referenced in the complaint.

4. A description of the action taken by the institution to date and a copy of the institution’s response to the complainant as a result of prescribed procedures.

5. An acknowledgment that SACSCOC staff may send a copy of the complaint to the president of the institution.

6. Full disclosure about any other external channels the complainant is pursuing, including legal action.

7. Only written and signed SACSCOC Complaint Forms, which include the identified Principles of Accreditation and two copies of all materials constitute a formal complaint.
Once the formal written complaint is submitted, SACSCOC and the complainant are responsible for the following:

1. SACSCOC will acknowledge a formal written complaint within 21 calendar days of its receipt.

2. Within 60 calendar days after acknowledging receipt of the complaint, SACSCOC staff will review the complaint and supporting documentation and determine (1) whether it is within the scope of SACSCOC policies and is accreditation related, (2) if there is adequate documentation in support of the allegations, and (3) whether the complaint raises significant questions about the institution's compliance with SACSCOC standards. Normally, SACSCOC considers reviewing a formal complaint if the circumstances leading to it occurred within one year of the formal filing of the complaint or one year within completion of the complaint process at the institution. SACSCOC will inform the complainant regarding the disposition of the complaint to include one of the following:

   a. The complaint will not be processed further because it is not within the scope of SACSCOC policies and jurisdiction or there is inadequate documentation to raise questions concerning the institution's compliance with SACSCOC standards.

   b. The complaint has sufficient substance to warrant further review. In this case, SACSCOC will make every effort to expedite the review; however, the time required to conduct the review may vary considerably depending on the circumstances and nature of the complaint. A copy of the complaint will be forwarded to the institution's chief executive officer who will be asked to respond to SACSCOC within 30 calendar days. Following the review, the complainant and institution involved will be notified regarding one of the following:

   (1) The complaint will not be processed further because there is insufficient evidence of significant non-compliance. The decision of the President of SACSCOC is final.

   (2) If there appears to be sufficient evidence of significant non-compliance or if SACSCOC staff are unable to determine compliance, then one of the following actions may be taken by the President of SACSCOC:

   (a) Authorize a Special Committee to visit the institution. The Special Committee will examine documents and interview institutional personnel, make a judgment about compliance, and prepare a report. The report of the committee will be forwarded to the SACSCOC Board of Trustees and one of its standing committees for review and action at the next meeting of the Board. Following that meeting, the complainant and institution involved will be notified of the decision of the Board.

   (b) Forward the case directly to the SACSCOC Board of Trustees and one of its standing committees for review and action at the next meeting of the Board. Following that meeting, the complainant and the institution involved will be notified of the decision of the Board.

   (c) Include the case in an upcoming scheduled visit to the institution. The Committee will examine documents and interview institutional personnel, make a judgment about compliance, and incorporate its findings into the appropriate narrative(s) of its report. In such cases, a section will be added
to the Committee’s Report providing pertinent information and outlining the substance of the committee’s review related to the complaint. The report will be forwarded to the SACSCOC Board of Trustees and one of its standing committees for review and action according to the published timeline for such a committee review. Following that meeting, the complainant and the institution involved will be notified of the Board’s decision.

(d) Request additional information. After reviewing the additional information, the President of SACSCOC may decide to take any of the actions as described in (1), (2)(a), (2)(b), or (2)(c) above.

For items (2)(a), (2)(b), or (2)(c) above, the decision of the SACSCOC Board of Trustees is final unless the disposition is one that is otherwise appealable as stated in the SACSCOC policy “Appeals Procedures of the College Delegate Assembly.”

3. If there is a change of staff during the disposition of a formal complaint, the President of SACSCOC will notify the complainant(s) regarding the change, provide the name of the staff member assigned to review the complaint, and outline a modified schedule for the review of the complaint.

4. Individual complaints will be retained in the SACSCOC files until the institution’s next comprehensive decennial review has been completed. Based on complaints submitted during this period of time, and/or on a series of notification letters to previous complainants that suggest a pattern of concern which may evidence a significant lack of compliance with the Principles that was not evident from any one individual complaint, SACSCOC may renew its consideration of the matter for whatever action may be appropriate.

**Procedures for filing a complaint against SACSCOC Board of Trustees or SACSCOC Staff**

1. If the complaint is against a SACSCOC staff member or an agency representative, such as an off-site or on-site visiting team member, the following procedure applies. Examples might include: evidence that a staff member failed to follow SACSCOC policy, and/or evidence of an on-site committee member exhibiting bias against an institution, or evidence that a staff member or committee member has a conflict of interest in working with an institutional case.

   a. The individual should submit a written complaint to the President of SACSCOC that includes a description of the specific complaint accompanied by documentation supporting the allegation.

   b. The President will acknowledge the complaint within 14 calendar days of its receipt.

   c. Following review, the President will inform the complainant of action within 30 calendar days of receipt of the complaint.

2. If the complaint is against the President of SACSCOC, the following procedure applies. Examples might include: evidence of failure to follow SACSCOC policy or evidence of failure to attend to allegations of unfair treatment by a staff member against an institution.

   a. The individual should submit a written complaint to the Chair of the SACSCOC Board of Trustees that includes a description of the specific complaint. It should be addressed to
3. **SACSCOC Chair of the SACSCOC Board of Trustees** at SACSCOC’s Decatur, Georgia, GA address.

b. The Chair of the Board of Trustees will acknowledge the complaint within 30 calendar days of its receipt and will designate a committee composed of members of the Executive Council to investigate the complaint and recommend action to the Chair. The investigation may include review of the complaint with the SACSCOC President as well as with the complainant.

c. The Chair of the SACSCOC Board of Trustees will review the Council’s action and inform the complainant and the SACSCOC President of action within 60 calendar days of receipt of the complaint.

d. Concern that a SACSCOC action was not in accord with the complainant’s expectations is not, in and of itself, cause for review of the complaint.

3. If the complaint is against SACSCOC or a member of its Board of Trustees, the following procedure applies. Examples might include: evidence that a Board member failed to recuse him or herself from the discussion and vote of an accreditation case where a conflict of interest existed or evidence that SACSCOC failed to apply policy.

a. The individual should submit a written complaint to the Chair of SACSCOC Board of Trustees that includes a description of the specific complaint. It should be sent via ground mail to:

   SACSCOC-Chair of the SACSCOC Board of Trustees  
   Southern Association of Colleges and Schools Commission on Colleges  
   1866 Southern Lane  
   Decatur, Georgia, GA 30033-4097

b. The Chair of the Board of Trustees will acknowledge the complaint within 30 calendar days of its receipt and will designate a committee composed of members of the Executive Council to investigate the complaint and recommend action to the Chair. The investigation may include review of the complaint with the SACSCOC President, the Board of Trustees member, as well as with the complainant.

c. The Chair of the SACSCOC Board of Trustees will review the Council’s action and inform the complainant and SACSCOC President of action within 60 calendar days of receipt of the complaint.

d. If the complaint concerns the Chair of the SACSCOC Board of Trustees, the Vice-Chair of the Board will assume the Chair’s role in the timeline above.

e. Concern that a SACSCOC action was not in accord with the complainant’s expectations is not in and of itself cause for review of the complaint.

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**Document History**

*Approved: Commission on Colleges, December 1999*

*Revised and Approved: Commission on Colleges: June 2003*

*Revised and Approved: Commission on Colleges, December 2006*

*Revised: Executive Council, November 2007*
COMPLAINTS AGAINST INSTITUTIONS:
INFORMATION SHEET AND FORM

The following is intended to provide information to persons wishing to file a complaint about an institution accredited by the SACSCOC. Before filing a complaint, please read the SACSCOC policy “Complaint Against SACSCOC or Its Accredited Institutions” – see www.sacscoc.org. SACSCOC reviews complaints submitted by students, faculty, and other members of the public about its member institutions. This information helps SACSCOC assure that an institution continues to meet the standards of accreditation set by the membership. Procedures have been established, therefore, to provide a mechanism for SACSCOC to consider complaints that address significant violations of SACSCOC accreditation standards.

All institutions accredited by SACSCOC are required to have in place adequate procedures for addressing complaints by students, employees, and others. As outlined in the complaint policy, it is the responsibility of the complainant first to attempt to resolve the matter with the institution. The complainant is responsible for providing documentation that all remedies available at the institution have been exhausted. In order to file a complaint with SACSCOC, the complainant must describe these efforts on the complaint form.

How to File a Complaint against an Institution
 Accredited by SACSCOC

Please use the attached Complaint Form to submit a formal complaint. You must complete all applicable sections of this form before the complaint will be reviewed. It must be submitted in hard copy, not electronically. Precisely state the nature of the complaint using five sentences or less. Provide the details that support your complaint. Give a description of the steps that were taken to exhaust the institution's grievance or complaint process. For both responses, you may attach additional sheets of paper if you need more space is needed. Include with the Complaint Form copies of any documents that pertain to your the complaint. Please submit two copies of the Complaint Form and the attachments.

Please refer to the attached SACSCOC policy for a description of the process for reviewing complaints.
COMPLAINT FORM
YOU MUST COMPLETE ALL SECTIONS OF THIS FORM MUST BE COMPLETED

I. COMPLAINANT INFORMATION

A. Title:
   □ MS. □ MR. □ DR. □ OTHER: __________________________

B. First Name: _______ M.I. _______ Last Name: __________________________

B. Street Address: ____________________________________________

C. City: _______ State: _______ Zip Code: _______ Country: (If outside of USA)

D. Office/Home Telephone Number: _______ Cell Telephone Number: _______

E. Email Address: ____________________________________________

F. Name of Institution Identified in the Complaint: __________________________

G. Location (city and state) of Institution Identified in the Complaint:
   City: _______ State: ____________________________________________

H. Status in Relation to the Institution:
   □ STUDENT □ PARENT □ FACULTY □ OTHER: __________________________

I. Current Student Status (If applicable):
   □ ENROLLED □ GRADUATED □ PROBATION □ WITHDRAWN □ TERMINATED
II. COMPLAINT INFORMATION

A. State the nature of the complaint (in five sentences or less).

B. Briefly describe the details of the complaint in the clearest possible language and indicate how the institution has violated specific sections of the Principles of Accreditation.
   1. List sections of the Principles and, if necessary, attach additional sheets for the description. Complaints must identify at least one of the standards in the Principles of Accreditation.
   2. Materials and documentation used to support a complainant's allegations should be limited to and directly related to the reported case. The evidence should state relevant facts and document and support the allegation that the institution is in significant violation of the standard(s) referenced in the complaint.
   3. Indicate the time frame in which the violations referenced in the complaint occurred.

C. Describe the steps taken to exhaust the institution's grievance process, describe the action taken by the institution to date, and provide a copy of the institution's response to the complainant as a result of prescribed procedures. (Indicate any channels external to the institution that the complainant is pursuing, including legal action.)

This complaint will not be processed unless all the boxes below are checked, and you have signed, and dated the complaint.

☐ I have read the “Complaints Against SACSCOC or its Accredited Institutions” policy and agree this form constitutes my formal complaint.

☐ As stated in the SACSCOC Complaint Policy, I understand that SACSCOC: (1) does not intervene in the internal procedures of institutions or perform as a regulatory body, (2) is not a formal adjudicatory or grievance-resolving body, and (3) will not serve as a grievance panel when the outcome of an institutional grievance or process is unsatisfactory to the complainant.

☐ I authorize SACSCOC to submit my complaint and/or any documents concerning my complaint to the involved institution(s).

☐ I hereby certify that all of the information I have given above is true and complete to the best of my knowledge.

YOUR SIGNATURE: ____________________________ DATE: ____________________________

PRINT YOUR SIGNATURE NAME: ____________________________

YOU MUST COMPLETE ALL SECTIONS OF THIS FORM MUST BE COMPLETED
COMPLAINTS AGAINST SACSCOC OR ITS ACCREDITED INSTITUTIONS

Policy Statement

Statement of Purpose

The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) recognizes the value of information provided by students, employees, and others in determining whether an institution’s performance is consistent with SACSCOC standards for obtaining or maintaining accreditation. SACSCOC is also committed to ensuring that member institutions maintain appropriate grievance procedures and standards of procedural fairness and that these are applied appropriately and consistently. Reviewing formal, written complaints involving member institutions enables SACSCOC to address possible non-compliance with its Principles of Accreditation and policies, as well as to address possible violations of an institution’s own policies and procedures, if related to the Principles.

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Responsibilities of Institutions

Standard 12.4 (Student complaints) of the Principles of Accreditation states:

The institution (a) publishes appropriate and clear procedures for addressing written student complaints, (b) demonstrates that it follows the procedures when resolving them, and (c) maintains a record of student complaints that can be accessed upon request by SACSCOC.

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Complaints against an Institution

An individual may make an inquiry regarding complaint procedures or about issues and concerns that could be considered complaints; however, the Commission’s response and its obligations to meet the specific timetables outlined in the procedures (referenced later in this document) will begin only after the complainant submits a formal written complaint. A formal complaint is one that is (1) submitted in writing using the SACSCOC “Complaint Form” (appended to the end of this document), (2) signed by the person submitting the complaint (complainant), (3) two print copies of the form and any supporting documentation, and (4) sent via ground mail to:

President
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1866 Southern Lane
Decatur, GA 30033-4097

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Third-party comments are submitted by the public at the time of an institution’s formal, scheduled review (initial accreditation or reaffirmation) for the purpose of informing SACSCOC regarding the institution’s ongoing commitment to compliance with SACSCOC standards and policies. Therefore, if an individual wishes to address an institution’s compliance with the Principles of Accreditation at the time of the institution’s formal committee review, he/she should use the policy “Third-Party Comment by the Public.”

COMPLAINT PROCEDURES

Procedures for filing a complaint against a SACSCOC member institution

A formal, written complaint against an institution must meet the definitions outlined in the policy statement above. The complaint must be submitted in writing using the SACSCOC “Complaint Form,” and signed by the complainant. SACSCOC will not entertain anonymous complaints. The “Complaint Form” includes:

1. A brief statement describing the complaint in the clearest possible terms.

2. The section(s) of the Principles of Accreditation with which the institution is alleged to have been out of compliance, and the time frame in which the significant lack of compliance is alleged to have occurred.

3. A clear and concise written description of the documentation upon which the allegation is based should state relevant facts and document and support the allegation that the institution is in significant violation of the standards referenced in the complaint.

4. A description of the action taken by the institution to date and a copy of the institution’s response to the complainant as a result of prescribed procedures.

5. An acknowledgment that SACSCOC staff may send a copy of the complaint to the president of the institution.

6. Full disclosure about any other external channels the complainant is pursuing, including legal action.

7. Only written and signed SACSCOC Complaint Forms, which include the identified Principles of Accreditation and two copies of all materials constitute a formal complaint.
Once the formal written complaint is submitted, SACSCOC and the complainant are responsible for the following:

1. SACSCOC will acknowledge a formal written complaint within 21 calendar days of its receipt.

2. Within 60 calendar days after acknowledging receipt of the complaint, SACSCOC staff will review the complaint and documentation and determine (1) whether it is within the scope of SACSCOC policies and is accreditation-related, (2) if there is adequate documentation in support of the allegations, and (3) whether the complaint raises significant questions about the institution's compliance with SACSCOC standards. Normally, SACSCOC considers reviewing a formal complaint if the circumstances leading to it occurred within one year of the formal filing of the complaint or one year within completion of the complaint process at the institution. SACSCOC will inform the complainant regarding the disposition of the complaint to include one of the following:

   a. The complaint will not be processed further because it is not within the scope of SACSCOC policies and jurisdiction or there is inadequate documentation to raise questions concerning the institution's compliance with SACSCOC standards.

      (1) The complaint will not be processed further because it is not within the scope of SACSCOC policies and jurisdiction or there is inadequate documentation to raise questions concerning the institution's compliance with SACSCOC standards. The decision of the President of SACSCOC is final.

   b. The complaint has sufficient substance to warrant further review. In this case, SACSCOC will make every effort to expedite the review; however, the time required to conduct the review may vary considerably depending on the circumstances and nature of the complaint. A copy of the complaint will be forwarded to the institution's chief executive officer who will be asked to respond to SACSCOC within 30 calendar days. Following the review, the complainant and institution involved will be notified regarding one of the following:

      (1) The complaint will not be processed further because there is insufficient evidence of significant non-compliance. The decision of the President of SACSCOC is final. Requests for reconsideration will not be entertained.

      (2) If there appears to be sufficient evidence of significant non-compliance or if SACSCOC staff are unable to determine compliance, then one of the following actions may be taken by the President of SACSCOC:

         (a) Authorize a Special Committee to visit the institution. The Special Committee will examine documents and interview institutional personnel, make a judgment about compliance, and prepare a report. The report of the committee will be forwarded to the SACSCOC Board of Trustees and one of its standing committees for review and action at the next meeting of the Board. Following that meeting, the complainant and institution involved will be notified of the decision of the Board.

         (b) Forward the case directly to the SACSCOC Board of Trustees and one of its standing committees for review and action at the next meeting of the Board. Following that meeting, the complainant and the institution involved will be notified of the decision of the Board.
(c) Include the case in an upcoming scheduled visit to the institution. The Committee will examine documents and interview institutional personnel, make a judgment about compliance, and incorporate its findings into the appropriate narrative(s) of its report. In such cases, a section will be added to the Committee’s Report providing pertinent information and outlining the substance of the committee’s review related to the complaint. The report will be forwarded to the SACSCOC Board of Trustees and one of its standing committees for review and action according to the published timeline for such a committee review. Following that meeting, the complainant and the institution involved will be notified of the Board’s decision.

(d) Request additional information. After reviewing the additional information, the President of SACSCOC may decide to take any of the actions as described in (1), (2)(a), (2)(b), or (2)(c) above.

For items (2)(a), (2)(b), or (2)(c) above, the decision of the SACSCOC Board of Trustees is final unless the disposition is one that is otherwise appealable as stated in the SACSCOC policy “Appeals Procedures of the College Delegate Assembly.”

3. If there is a change of staff during the disposition of a formal complaint, the President of SACSCOC will notify the complainant(s) regarding the change, provide the name of the staff member assigned to review the complaint, and outline a modified schedule for the review of the complaint.

4. Individual complaints will be retained in the SACSCOC files until the institution’s next two comprehensive decennial reviews have been completed. Based on complaints submitted during this period of time, and/or on a series of notification letters to previous complainants that suggest a pattern of concern which may evidence a significant lack of compliance with the Principles of Accreditation that was not evident from any one individual complaint, SACSCOC may renew its consideration of the matter for whatever action may be appropriate.

Procedures for filing a complaint against SACSCOC Board of Trustees or SACSCOC Staff

1. If the complaint is against a SACSCOC staff member or an agency representative, such as an off-site or on-site visiting team member, the following procedure applies. Examples might include: evidence that a staff member failed to follow SACSCOC policy, and/or evidence of an on-site committee member exhibiting bias against an institution, or evidence that a staff member or committee member has a conflict of interest in working with an institutional case.

   a. The individual should submit a written complaint to the President of SACSCOC that includes a description of the specific complaint accompanied by documentation supporting the allegation.

   b. The President will acknowledge the complaint within 14 calendar days of its receipt.

   c. Following review, the President will inform the complainant of action within 30 calendar days of receipt of the complaint.
2. If the complaint is against the President of SACSCOC, the following procedures apply. Examples might include evidence of failure to follow SACSCOC policy or evidence of failure to attend to allegations of unfair treatment by a staff member against an institution.

   a. The individual should submit a written complaint to the Chair of the SACSCOC Board of Trustees that includes a description of the specific complaint. It should be addressed to “Chair of the SACSCOC Board of Trustees” at SACSCOC’s Decatur, GA address.

   b. The Chair of the SACSCOC Board of Trustees will acknowledge the complaint within 30 calendar days of its receipt and will designate a committee composed of members of the Executive Council to investigate the complaint and recommend action to the Chair. The investigation may include review of the complaint with the SACSCOC President as well as with the complainant.

   c. The Chair of the SACSCOC Board of Trustees will review the Council’s action and inform the complainant and the SACSCOC President of action within 60 calendar days of receipt of the complaint.

   d. Concern that a SACSCOC action was not in accord with the complainant’s expectations is not, in and of itself, cause for review of the complaint.

3. If the complaint is against SACSCOC or a member of its Board of Trustees, the following procedures apply. Examples might include: evidence that a Board member failed to recuse him or herself from the discussion and vote of an accreditation case where a conflict of interest existed or evidence that SACSCOC failed to apply policy.

   a. The individual should submit a written complaint to the Chair of the SACSCOC Board of Trustees that includes a description of the specific complaint. It should be sent via ground mail to:

   Chair of the SACSCOC Board of Trustees  
   Southern Association of Colleges and Schools Commission on Colleges  
   1866 Southern Lane  
   Decatur, GA 30033-4097

   b. The Chair of the SACSCOC Board of Trustees will acknowledge the complaint within 30 calendar days of its receipt and will designate a committee composed of members of the Executive Council to investigate the complaint and recommend action to the Chair. The investigation may include review of the complaint with the SACSCOC President, the Board of Trustees member, as well as with the complainant.

   c. The Chair of the SACSCOC Board of Trustees will review the Council’s action and inform the complainant and SACSCOC President of action within 60 calendar days of receipt of the complaint.

   d. If the complaint concerns the Chair of the SACSCOC Board of Trustees, the Vice-Chair of the Board will assume the Chair’s role in the timeline above.

   e. Concern that a SACSCOC action was not in accord with the complainant’s expectations is not in and of itself cause for review of the complaint.
Document History

Approved: Commission on Colleges, December 1999
Revised and Approved: Commission on Colleges, June 2003
Revised and Approved: Commission on Colleges, December 2006
Revised: Executive Council, November 2007
Revised and Approved: Commission on Colleges, December 2007
Revised: Board of Trustees, June 2011
Revised: Executive Council, March 2012
Revised: Board of Trustees, June 2012, December 2012, December 2013
Revised: Executive Council, March 2016

Edited for the 2018 Edition of the Principles of Accreditation: August 2018
Revised and Edited: Board of Trustees, December 2019
The following is intended to provide information to persons wishing to file a complaint about an institution accredited by SACSCOC. Before filing a complaint, please read the SACSCOC policy “Complaints Against SACSCOC or Its Accredited Institutions” — see www.sacscoc.org. SACSCOC reviews complaints submitted by students, faculty, and other members of the public about its member institutions. This information helps SACSCOC assure that an institution continues to meet the standards of accreditation set by the membership. Procedures have been established to provide a mechanism for SACSCOC to consider complaints that address significant violations of SACSCOC accreditation standards.

All institutions accredited by SACSCOC are required to have in place adequate procedures for addressing complaints by students, employees, and others. As outlined in the complaint policy, it is the responsibility of the complainant first to attempt to resolve the matter with the institution. The complainant is responsible for providing documentation that all remedies available at the institution have been exhausted. In order to file a complaint with SACSCOC, the complainant must describe these efforts on the complaint form.

How to File a Complaint against an Institution Accredited by SACSCOC

Please use the attached Complaint Form to submit a formal complaint. You must complete all applicable sections of this form before the complaint will be reviewed. It must be submitted in hard copy, not electronically. Precisely state the nature of the complaint using five sentences or less. Provide the details that support your complaint. Give a description of the steps taken to exhaust the institution’s grievance or complaint process. For both responses, attach additional sheets of paper if more space is needed. Include with the Complaint Form copies of any documents that pertain to the complaint. Please submit two copies of the Complaint Form and the attachments.

Please refer to the attached SACSCOC policy for a description of the process for reviewing complaints.
I. COMPLAINANT INFORMATION

A. Title:
   - [ ] MS.
   - [ ] MR.
   - [ ] DR.
   - [ ] OTHER: __________________________

B. First Name: __________________________
M.I. __________________________
Last Name: __________________________

B. Street Address: __________________________________________________________

C. City: __________________________
State: __________________________
Zip Code: __________________________
Country: (If outside of USA) __________________________

D. Office/Home Telephone Number: __________________________
Cell Telephone Number: __________________________

E. Email Address: __________________________________________________________

F. Name of Institution Identified in the Complaint: __________________________

G. Location (city and state) of Institution Identified in the Complaint:
   City: __________________________
   State: __________________________

H. Status in Relation to the Institution:
   - [ ] STUDENT
   - [ ] PARENT
   - [ ] FACULTY
   - [ ] OTHER: __________________________

I. Current Student Status (If applicable):
   - [ ] ENROLLED
   - [ ] GRADUATED
   - [ ] PROBATION
   - [ ] WITHDRAWN
   - [ ] TERMINATED
II. COMPLAINT INFORMATION

A. State the nature of the complaint (in five sentences or less).

B. Briefly describe the details of the complaint in the clearest possible language and indicate how the institution has violated specific sections of the Principles of Accreditation.
   1. List sections of the Principles and, if necessary, attach additional sheets for the description. Complaints must identify at least one of the standards in the Principles of Accreditation.
   2. Materials and documentation used to support a complainant's allegations should be limited to and directly related to the reported case. The evidence should state relevant facts and document and support the allegation that the institution is in significant violation of the standard(s) referenced in the complaint.
   3. Indicate the time frame in which the violation(s) referenced in the complaint occurred.

C. Describe the steps taken to exhaust the institution's grievance process, describe the action taken by the institution to date, and provide a copy of the institution's response to the complainant as a result of prescribed procedures. (Indicate any channels external to the institution that the complainant is pursuing, including legal action.)

This complaint will not be processed unless all the boxes below are checked, signed, and dated.

☐ I have read the “Complaints Against SACSCOC or its Accredited Institutions” policy and agree this form constitutes my formal complaint.

☐ As stated in the SACSCOC Complaint Policy, I understand that SACSCOC: (1) does not intervene in the internal procedures of institutions or perform as a regulatory body, (2) is not a formal adjudicatory or grievance-resolving body, and (3) will not serve as a grievance panel when the outcome of an institutional grievance or process is unsatisfactory to the complainant.

☐ I authorize SACSCOC to submit my complaint and/or any documents concerning my complaint to the involved institution(s).

☐ I hereby certify that all of the information I have given above is true and complete to the best of my knowledge.

YOUR SIGNATURE: ___________________________ DATE: ___________________________
PRINT YOUR NAME: ___________________________

ALL SECTIONS OF THIS FORM MUST BE COMPLETED
ACCREDITATION RECORDS RETENTION, MAINTENANCE, AND DESTRUCTION POLICY FOR SACSCOC

Policy Statement

The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) will retain, maintain, and destroy Accreditation Records as required by law, applicable regulations and SACSCOC policy.

Definitions

"Accreditation Records" means those documents created by SACSCOC and by its member institutions that are in the possession of SACSCOC that relate to an institution’s application, evaluation, and decision for initial accreditation, for reaffirmation of accreditation, for substantive change, and complaints against institutions, and include all committee reviews, final reports, appeals, and decisions. Final versions of Accreditation Records shall include minutes and transcripts of C&R committee meetings, as well as minutes of Executive Council and Board of Trustees meetings concerning actions on accreditation of institutions. Final versions of Accreditation Records include all Official Correspondence, Fifth-Year Interim Report Minutes, Fifth-Year Follow-Up Reports, Third-Party Comments and Unsolicited Information. Accreditation Records do not include Business Records, Corporate Records, Litigation Records, or Regulatory Records. Electronic Records to which SACSCOC has access but does not have authority to copy or retain shall not be considered Accreditation Records. Final versions of Accreditation Records shall be retained for two decennial cycles and then destroyed.

"Business Records" means those Documents that concern SACSCOC operations, including annual reports, budgets, audits, tax filings, financial records, insurance policies, intellectual property and licenses, and contracts with outside vendors, files and records maintained concerning the employment and performance of officers and SACSCOC employees, including annual contracts or appointment letters, compensation and benefit information, evaluations, reprimands, resignations, terminations, and severance information.

"Commission" means the Southern Association of Colleges and Schools Commission on Colleges, Inc., its trustees, officers, employees, evaluators, and volunteers.

"Corporate Records" means those Documents necessary to maintain the corporate form of SACSCOC including articles of incorporation, bylaws, policies, standing rules, minutes of the Board of Trustees to the extent that they do not involve action on accreditation of institutions, and minutes of the College Delegate Assembly.

"Document" means any form of record retention, including paper copies and Electronic Records.

"Electronic Devices" means any type of hardware on which Electronic Records may be created, retained, or maintained, including but not limited to computers, tablets, phones, or wearable devices capable of creating, retaining, or maintaining Electronic Records.

"Electronic Records" means information created, manipulated, communicated, stored, and best utilized in digital form,
requiring the use of computer hardware and software, including but not limited to documents, forms, reports, files, spreadsheets, audio recordings, video recordings, and informational materials or records conveyed electronically via electronic communication methods, including, but not limited to, email, instant messaging, social networking (i.e., Twitter, blogs, etc.), text messages, and voice mail messages.

"Fifth-Year Follow-Up Report" means a report submitted five years prior to an institution's reaffirmation review, a Fifth-Year Follow-Up Report, also called "an Additional Report to the Fifth-Year Interim Report," addresses accreditation issues identified for verification of continued compliance during a prior meeting of the Committee on Compliance and Reports.

"Fifth-Year Interim Report" means a report submitted five years prior to an institution's reaffirmation review, a Fifth-Year Interim Report includes (1) a modified Compliance Certification that addresses only those federal expectations that are integrated in the various requirements and standards of The Principles of Accreditation; (2) an Impact Report on the OEP; (3) an Institutional Summary Form Prepared for Commission Reviews; 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. (See "Fifth-Year Interim Review" in the Institutional Resources section at www.sacscoc.org). An institution's "Fifth-Year Interim Report" is not considered a final version of an Accreditation Record.

"Litigation Records" means all pleadings, discovery material, orders, appeals, decisions, and opinions concerning any lawsuits brought by or against SACSCOC.

"Official Correspondence" includes all correspondence signed by the SACSCOC President and addressed to applicant, candidate, or member institutions informing them of formal Commission actions and other correspondence deemed critical to the accreditation functions of SACSCOC.

"Regulatory Records" means all those Documents concerning the relationship of SACSCOC with the United States Department of Education, including applications and petitions for recognition or renewal, correspondence with NACIQI, correspondence with the Secretary of Education or any Undersecretary involving recognition or renewal, and any complaints against SACSCOC.

"Third-Party Comments," in accordance with SACSCOC policy "Third-Party Comment by the Public" available at www.sacscoc.org, means information provided by the public 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. The public is defined as individuals external to the college or university, excluding students. Therefore, this term will not apply to comments forwarded to SACSCOC by the current administration, faculty, and staff.

"Unsolicited Information" means 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/or (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 or policy. (Further information can be found in SACSCOC policy Unsolicited Information available at www.sacscoc.org.)

Applicability

This policy applies only to Accreditation Records. Other SACSCOC records, including Business Records, Corporate Records, Litigation Records, and Regulatory Records shall be retained, maintained, and destroyed in accordance with policy specifically applicable to those records.

This policy applies to Accreditation Records wherever and however they are retained and maintained, whether they are maintained as hard copy files, as Electronic Records, on Electronic Devices owned or supplied by SACSCOC, or on the Electronic Devices of those otherwise subject to this policy.

This policy applies to SACSCOC, its trustees, officers, employees, evaluators, and volunteers, for as long as
accreditation records are retained or maintained by them. It shall be the responsibility of the Director of Legal and Governmental Affairs and Commission Support to disseminate this policy to all to whom it applies and to provide instruction, interpretation, and support in its implementation.

This policy does not seek to provide obligations that may conflict with Federal law or regulations, State Sunshine laws, Open Records, or other document retention laws, and shall be construed wherever possible consistent with such laws; should an apparent conflict arise between this policy and Federal or State law, in all instances such law shall prevail.

Implementation Procedures

All final versions of Accreditation Records that reside at the SACSCOC office or on its Electronic Devices or on the Electronic Devices of SACSCOC officers and employees shall be maintained for at least the last two (2) full ten-year accreditation cycles, and of applying institutions for the institutions’ eligibility process and candidacy review status. All paper copies of Accreditation Records converted to Electronic Records shall be destroyed. It shall be the responsibility of the Vice President assigned to the member institution to implement this policy within three months of the reaffirmation of accreditation.

All final versions of Accreditation Records that reside at the institutions of or on the Electronic Devices of SACSCOC trustees, evaluators, and volunteers shall be maintained in their original form until their term on the SACSCOC Board concludes or until the assignment on which they are working concludes. At the conclusion of the term or the assignment all such Accreditation Records shall be destroyed. It shall be the responsibility of the Director of Legal and Governmental Affairs and Commission Support to assist the trustees in implementing this policy. It shall be the responsibility of Vice President assigned to the member institution to which the evaluator or volunteer is assigned to assist them in implementing this policy.

Drafts of Accreditation Records and notes associated with such drafts shall be retained until a final version of the document has been created and maintained. No drafts of Accreditation Records or notes associated with such drafts shall be retained after a final version of the document has been created and maintained. Drafts and notes shall be destroyed upon the creation of the final version of the document.

Accreditation Records do not include Electronic Records without any administrative, legal, fiscal or archival retention requirements and are deleted as soon as the Documents or messages have served their purpose, including but not limited to, emails, text messages, instant messages, face book notifications, telephone message notifications, information-only copies, extracts of documents transmitted for reference or convenience, transmittal memoranda, reservations and confirmations, or copies of announcements, bulletins or other general information.

SACSCOC shall have no obligation to acquire, retain, or maintain documents on behalf of member institutions other than Accreditation Records. Any undertaking to acquire, retain, or maintain documents on behalf of a member institution, other than Accreditation Records, shall be pursuant to a separate agreement and shall not be subject to this policy. Electronic Records to which SACSCOC has access but does not have authority to copy or retain shall not be considered Accreditation Records.

Document History

Approved by Board of Trustees: June 2018
(Replaced “Records Maintenance Policy of the Commission on Colleges”)
Edited, Board of Trustees: September 2019
Revised, SACSCOC Board of Trustees, December 2019
ACCREDITATION RECORDS RETENTION, MAINTENANCE, AND DESTRUCTION POLICY FOR SACSCOC

Policy Statement

The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) will retain, maintain, and destroy Accreditation Records as required by law, applicable regulations and SACSCOC policy.

Definitions

“Accreditation Records” means those documents created by SACSCOC and by its member institutions that are in the possession of SACSCOC that relate to an institution’s application, evaluation, and decision for initial accreditation, reaffirmation of accreditation, for substantive change, and include all committee reviews, final reports, appeals, and decisions. Final versions of Accreditation Records shall include minutes and transcripts of C&R committee meetings, as well as minutes of Executive Council and Board of Trustees meetings concerning actions on accreditation of institutions. Final versions of Accreditation Records include all Official Correspondence, Fifth-Year Interim Report Minutes, Fifth-Year Follow-Up Reports, Third-Party Comments and Unsolicited Information. Accreditation Records do not include Business Records, Corporate Records, Litigation Records, or Regulatory Records. Electronic Records to which SACSCOC has access but does not have authority to copy or retain shall not be considered Accreditation Records. Final versions of Accreditation Records shall be retained for two decennial cycles and then destroyed.

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“Document” means any form of record retention, including paper copies and Electronic Records.

“Electronic Devices” means any type of hardware on which Electronic Records may be created, retained, or maintained, including but not limited to computers, tablets, phones, or wearable devices capable of creating, retaining, or maintaining Electronic Records.

“Electronic Records” means information created, manipulated, communicated, stored, and best utilized in digital form, requiring the use of computer hardware and software, including but not limited to documents, forms, reports, files, spreadsheets, audio recordings, video recordings, and informational materials or records conveyed electronically via
electronic communication methods, including, but not limited to, email, instant messaging, social networking (i.e., Twitter, blogs, etc.), text messages, and voice mail messages.

"Fifth-Year Follow-Up Report" means a report submitted five years prior to an institution's reaffirmation review, a Fifth-Year Follow-Up Report, also called "an Additional Report to the Fifth-Year Interim Report," addresses accreditation issues identified for verification of continued compliance during a prior meeting of the Committee on Compliance and Reports.

"Fifth-Year Interim Report" means a report submitted five years prior to an institution's reaffirmation review, a Fifth-Year Interim Report includes (1) a modified Compliance Certification that addresses only those federal expectations that are integrated in the various requirements and standards of The Principles of Accreditation; (2) an Impact Report on the QEP; (3) an Institutional Summary Form Prepared for Commission Reviews; 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. (See "Fifth-Year Interim Review" in the Institutional Resources section at www.sacscoc.org). An institution's "Fifth-Year Interim Report" is not considered a final version of an Accreditation Record.

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"Official Correspondence" includes all correspondence signed by the SACSCOC President and addressed to applicant, candidate, or member institutions informing them of formal Commission actions and other correspondence deemed critical to the accreditation functions of SACSCOC.

"Regulatory Records" means all those Documents concerning the relationship of SACSCOC with the United States Department of Education, including applications and petitions for recognition or renewal, correspondence with NACIQI, correspondence with the Secretary of Education or any Undersecretary involving recognition or renewal, and any complaints against SACSCOC.

"Third-Party Comments," in accordance with SACSCOC policy "Third-Party Comment by the Public" available at www.sacscoc.org, means information provided by the public 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. The public is defined as individuals external to the college or university, excluding students. Therefore, this term will not apply to comments forwarded to SACSCOC by the current administration, faculty, and staff.

"Unsolicited Information" means 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/or (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 or policy. (Further information can be found in SACSCOC policy Unsolicited Information available at www.sacscoc.org.)

Applicability

This policy applies only to Accreditation Records. Other SACSCOC records, including Business Records, Corporate Records, Litigation Records, and Regulatory Records shall be retained, maintained, and destroyed in accordance with policy specifically applicable to those records.

This policy applies to Accreditation Records wherever and however they are retained and maintained, whether they are maintained as hard copy files, as Electronic Records, on Electronic Devices owned or supplied by SACSCOC, or on the Electronic Devices of those otherwise subject to this policy.

This policy applies to SACSCOC, its trustees, officers, employees, evaluators, and volunteers, for as long as accreditation records are retained or maintained by them. It shall be the responsibility of the Director of Legal and Governmental Affairs and Commission Support to disseminate this policy to all to whom it applies and to provide
instruction, interpretation, and support in its implementation.

This policy does not seek to provide obligations that may conflict with Federal law or regulations, State Sunshine laws, Open Records, or other document retention laws, and shall be construed wherever possible consistent with such laws; should an apparent conflict arise between this policy and Federal or State law, in all instances such law shall prevail.

Procedures

All final versions of Accreditation Records that reside at the SACSCOC office or on its Electronic Devices or on the Electronic Devices of SACSCOC officers and employees shall be maintained for at least the last two (2) full ten-year accreditation cycles, and of applying institutions for the institutions' eligibility process and candidacy review status. All paper copies of Accreditation Records converted to Electronic Records shall be destroyed. It shall be the responsibility of the Vice President assigned to the member institution to implement this policy within three months of the reaffirmation of accreditation.

All final versions of Accreditation Records that reside at the institutions of or on the Electronic Devices of SACSCOC trustees, evaluators, and volunteers shall be maintained in their original form until their term on the SACSCOC Board concludes or until the assignment on which they are working concludes. At the conclusion of the term or the assignment all such Accreditation Records shall be destroyed. It shall be the responsibility of the Director of Legal and Governmental Affairs and Commission Support to assist the trustees in implementing this policy. It shall be the responsibility of Vice President assigned to the member institution to which the evaluator or volunteer is assigned to assist them in implementing this policy.

Drafts of Accreditation Records and notes associated with such drafts shall be retained until a final version of the document has been created and maintained. No drafts of Accreditation Records or notes associated with such drafts shall be retained after a final version of the document has been created and maintained. Drafts and notes shall be destroyed upon the creation of the final version of the document.

Accreditation Records do not include Electronic Records without any administrative, legal, fiscal or archival retention requirements and are deleted as soon as the Documents or messages have served their purpose, including but not limited to, emails, text messages, instant messages, face book notifications, telephone message notifications, information-only copies, extracts of documents transmitted for reference or convenience, transmittal memoranda, reservations and confirmations, or copies of announcements, bulletins or other general information.

SACSCOC shall have no obligation to acquire, retain, or maintain documents on behalf of member institutions other than Accreditation Records. Any undertaking to acquire, retain, or maintain documents on behalf of a member institution, other than Accreditation Records, shall be pursuant to a separate agreement and shall not be subject to this policy. Electronic Records to which SACSCOC has access but does not have authority to copy or retain shall not be considered Accreditation Records.

Document History
Approved by Board of Trustees: June 2018
(Replaced "Records Maintenance Policy of the Commission on Colleges")
Edited, Board of Trustees: September 2019
Revised, SACSCOC Board of Trustees, December 2019
SEEKING ACCREDITATION
AT A HIGHER OR LOWER DEGREE LEVEL

POLICY

SACSCOC member institutions must seek approval to offer educational programs at a higher or lower degree level than their current level of approval. In most instances, such applications will be reviewed by the SACSCOC Board of Trustees at either its June or December meeting. Institutions may not offer coursework at a higher level prior to approval by the SACSCOC Board of Trustees. Institutions must implement the new program within two years of the Board’s awarding of membership at the new level, and the institution will be designated as a member at the new level upon initiation of the approved program(s). Institutions should also ensure that their official statement of accreditation by SACSCOC reflects the newly-approved level upon initiation of the approved program(s).

As part of the approval process, the SACSCOC Board of Trustees will authorize a Substantive Change Committee to conduct a visit no more than six months following the initiation of the new program(s). This Committee is charged with determining the institution’s ongoing compliance with selected standards following the implementation of coursework at the new degree level. Institutions may not initiate additional educational programs at the new level until after that Committee’s report has been reviewed by the SACSCOC Board of Trustees.

In accord with the SACSCOC Policy “Substantive Change for SACSCOC-accredited Institutions,” all applications for accreditation at a higher or lower level – including those exceptions noted below – for institutions currently on sanction (Warning or Probation) will be reviewed by the SACSCOC Board of Trustees at either its June or December meeting.

Exceptions

Embedded Associate degree(s). Baccalaureate-granting institutions may choose to combine lower-division coursework already being offered into an Associate degree. Such cases would not constitute a significant departure in terms of curriculum, faculty, or other resources, since the institution is already offering the courses comprising the new degree. Review of membership at Level I in these cases would normally be conducted by SACSCOC staff and submitted to the Executive Committee of the SACSCOC Board of Trustees for approval. Subsequent review by a Substantive Change Committee would not normally be authorized following staff review and Executive Council approval.

Baccalaureate-granting institutions seeking approval to offer an Associate degree comprised of coursework that is significantly different from their current lower-division coursework would be required to submit an Application for Level Change that is reviewed by the SACSCOC Board of Trustees at its June or December meeting. The Board’s approval of such a program and award of membership at Level I would not normally include the authorization of a Substantive Change Committee.

Embedded Specialist degree(s). Although rare, some institutions already approved for a Doctorate of Education (EdD) might not have sought approval to offer the Specialist in Education (EdS) degree at the
same time. Such institutions may subsequently choose to combine graduate-level coursework already being offered as part of the EdD into a coherent Specialist degree. Review of membership at Level IV in these cases would normally be conducted by SACSCOC staff and submitted to the Executive Committee of the SACSCOC Board of Trustees for approval. Subsequent review by a Substantive Change Committee would not normally be authorized.

PROCEDURES

Closing and Teaching Out All Coursework at an Approved Level. When an institution decides to discontinue its educational program(s) and coursework at an approved level, the institution must send official notification to SACSCOC. The process of closing such programs may involve a teach-out, and the member institution must comply with all of the applicable requirements of SACSCOC’s Policy “Substantive Change for SACSCOC-accredited Institutions.” As part of the process of reviewing the notification and any other documentation, SACSCOC will remove the institution’s approval to offer coursework at the applicable degree level. The member institution should also ensure that its published statement(s) regarding its SACSCOC accreditation accurately reflect that change.

Should an institution decide to reinstate such a previously discontinued program within three (3) years of the date the teach-out was approved by SACSCOC, the institution may do so by submitting official notification to SACSCOC. The reinstated program(s) must be substantially the same as those previously discontinued. Any program(s) that constitute a significant departure would require the institution to submit a new level change application. Any decision to reinstate prior programs or begin new ones at the previously-approved degree level after the three (3) year window has expired would also require the institution to submit a new level change application for review.

Degree Level Designations. SACSCOC uses the following Roman numerals to designate institutional degree levels:

Level I ................. Associate’s degree
Level II .................. Baccalaureate degree
Level III ............... Master’s degree
Level IV ................. Specialist’s degree
Level V .................... Three or fewer doctoral degrees
Level VI .................. Four or more doctoral degrees

SACSCOC commonly categorizes member institutions by the designation corresponding to the institution’s highest degree level course offerings.

Moving from Level V to Level VI. The distinction between membership at Level V and membership at Level VI is determined by the number of doctoral programs being offered by an institution. Level V institutions offer three or fewer doctorates. Level VI institutions offer four or more doctorates. Membership at Level VI is awarded automatically following the approval of the institution’s fourth doctoral program.

Document History
Approved: SACSCOC Board of Trustees, December 2019
LEVEL CHANGE APPLICATION

Attach a completed copy of the Substantive Change Cover Sheet to this document.

SUBMIT FIVE COPIES OF THIS COMPLETED FORM TO:

Dr. Belle S. Wheelan, President
Southern Association of Colleges and Schools
Commission on Colleges
1866 Southern Lane
Decatur, Georgia 30033-4097
(404) 679-4500

Due dates:
• For consideration by the SACSCOC Board of Trustees in June: March 15
• For consideration by the SACSCOC Board of Trustees in December: September 1
• For review by SACSCOC staff and the Executive Council of the Board of Trustees; implementation in fall: January 1
• For review by the SACSCOC staff and Executive Council of the Board of Trustees; implementation in the spring/summer: July 1

INSTRUCTIONS

When initiating coursework or programs at a higher or lower degree level than currently approved by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), an institution must complete two documents: (1) "Institutional Summary Form Prepared for Commission Review" and (2) the "Application for a Member Institution Seeking Accreditation at a Higher or Lower Degree Level." The "Institutional Summary Form Prepared for Commission Review" can be accessed at www.sacscoc.org/inst_forms_and_info1.asp.

The two parts combined constitute a primary source of information used by SACSCOC to award membership at the new degree level.

Reminders. When completing the application, please adhere to the following:

1. In cases in which year-end financial information is requested, use the most recently completed fiscal year. Report enrollment information for the most recent academic year.
2. Use "NA" to mark items not applicable to the institution.
3. Five copies are required.
4. The institution must complete both the "Institutional Summary" and the "Application" before its case will be forwarded for action by the SACSCOC Board of Trustees.
DESCRIPTION OF THE PROPOSED PROGRAMS/COURSES TO BE OFFERED AT THE NEW DEGREE LEVEL

Name(s) of New Degree Program(s).
Please be specific (e.g., Bachelor of Arts degree in English). (Note: Only programs or coursework submitted for review at the new degree level will be included in the approval by the Board of Trustees.)

Alternate locations where the new degree program will be offered. If the proposed programs/courses are to be offered at off-campus instructional sites, list each specific location, its address, the mode of delivery, and the percentage of the educational program that will be offered at each site.

General Institutional Information

Name of agency that has legally authorized the institution to provide the new degree program: (Provide charter/letter of authorization from appropriate agency/organization indicating that the institution may award the new degree.)

Date institution plans to enroll first students at the new degree level: (Implementation date will be included as part of the action by the Board.)

Date institution projects it will graduate the first regular class at the new degree level:

Enrollment Data
Headcount Enrollment - Please refer to your most recent completed SACSCOC Institutional Profile and report the following enrollment data (for the institution) for most recent fall term:

Fall of _________

| 1. Full-Time Undergraduate Students – Headcount |
| 2. Full-Time Post-Baccalaureate Students – Headcount |
| 3. For-Credit, Part-Time Undergraduate Students – Headcount |
| 4. For Credit, Part-Time Post-Baccalaureate Students – Headcount |
| 5. Students enrolled in non-credit courses – Headcount |
| 6. Total Headcount (Total of 1-5) |
Projected Enrollment - Please indicate below the number of students projected to enroll in the new degree program(s):

<p>| | | |</p>
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<td>1.</td>
<td>Full-Time Enrollment (headcount)</td>
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<td>2.</td>
<td>Part-Time Enrollment (headcount)</td>
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<td>3.</td>
<td>Non-Credit Enrollment (headcount)</td>
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<td>4.</td>
<td>Projected Total</td>
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Proposed Programs/Courses at the New Degree Level

1. **Rationale and need.** Describe the rationale for the new program(s), including an assessment of need.

2. **Financial resources.**
   a. A projected budget for the new programs (revenues and expenses) for the first three years of operation (CR 13.1 and Standard 13.3)
   b. A copy of the full audit from the most recent audited fiscal year (CR 13.2)

3. **Compliance with selected standards.**
   2.1 The institution has a clearly defined, comprehensive, and published mission specific to the institution and appropriate for higher education. The mission addresses teaching and learning and, where applicable, research and public service.
   (Institutional mission) [CR]
   [As part of the response, clarify that the mission statement is inclusive of the expansion to a new program at a higher degree level.]

   Narrative:

   5.4 The institution employs and regularly evaluates administrative and academic officers with appropriate experience and qualifications to lead the institution.
   (Qualified administrative/academic officers)

   Narrative:

   6.2 For each of its educational programs, the institution
   6.2.a Justifies and documents the qualifications of its faculty members.
   (Faculty qualifications)
   [Display faculty qualifications on the Commission’s “Faculty Roster Form.”]
   Limit entries to those faculty members assigned to the new program(s). For
graduate programs, include documentation of the scholarship and research capability of faculty. For doctoral programs, include documentation of faculty experience in directing dissertation research.]

Narrative:

6.2.b Employs a sufficient number of full-time faculty members to ensure curriculum and program quality, integrity, and review. (Program faculty)
[The narrative should only address the impact of the program expansion (new programs and affected existing programs – e.g., include information on the impact of staffing at the lower degree level(s) in related fields of study). As part of the response, include a discussion of the impact of the program expansion on faculty workload. Identify new faculty hired to support this initiative.]

Narrative:

6.2.c Assigns appropriate responsibility for program coordination. (Program coordination)
[The narrative should only address the new programs.]

Narrative:

8.2 The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of seeking improvement based on analysis of the results in the areas below:

8.2.a Student learning outcomes for each of its educational programs. (Student outcomes: educational programs)
[As part of the response, include a description of how the institution is monitoring the quality of the new program(s). Summarize current procedures for the assessment of learning outcomes and achievement, and how results are being or will be used to improve the new programs. Include relevant information about existing related programs that may serve as indicators of the institutional effectiveness process that apply to the new program(s).]

Narrative:

9.1 Educational programs (a) embody a coherent course of study, (b) are compatible with the stated mission and goals of the institution, and (c) are based on fields of study appropriate to higher education. (Program content) [CR]
[The narrative should only address the new programs.]
9.2 The institution offers one or more degree programs based on at least 60 semester credit hours or the equivalent at the associate level; at least 120 semester credit hours or the equivalent at the baccalaureate level; or at least 30 semester credit hours or the equivalent at the post-baccalaureate, graduate, or professional level. The institution provides an explanation of equivalencies when using units other than semester credit hours. The institution provides an appropriate justification for all degree programs and combined degree programs that include fewer than the required number of semester credit hours or its equivalent unit.

(Program Length) [CR]

[The narrative should only address the new programs.]

Narrative:

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

(Institutional credits for an undergraduate degree)

[Address 9.4 only if the institution has moved from level I to level II]

Narrative:

9.5 At least one-third of the credit hours required for a graduate or a post-baccalaureate professional degree are earned through instruction offered by the institution awarding the degree.

(Institutional credits for a graduate/professional degree)

[Address 9.5 only if the level change involves programs at the graduate-level.]

Narrative:

9.6 Post-baccalaureate professional degree programs and graduate degree programs are progressively more advanced in academic content than undergraduate programs, and are structured (a) to include knowledge of the literature of the discipline and (b) to ensure engagement in research and/or appropriate professional practice and training.

(Post-baccalaureate rigor and curriculum)

[Address 9.6 only if the level change involves programs at the graduate-level]
9.7 The institution publishes requirements for its undergraduate, graduate, and post-baccalaureate professional programs, as applicable. The requirements conform to commonly accepted standards and practices for degree programs.

(Program requirements)
[The narrative should only address the new programs.]

Narrative:

10.4 The institution (a) publishes and implements policies on the authority of faculty in academic and governance matters, (b) demonstrates that educational programs for which academic credit is awarded are approved consistent with institutional policy, and (c) places primary responsibility for the content, quality, and effectiveness of the curriculum with its faculty.

(Academic governance)
[The narrative should only address the new programs.]

Narrative:

10.5 The institution publishes admissions policies consistent with its mission. Recruitment materials and presentations accurately represent the practices, policies, and accreditation status of the institution. The institution also ensures that independent contractors or agents used for recruiting purposes and for admission activities are governed by the same principles and policies as institutional employees.

(Admissions policies and practices)
[The narrative should only address the new programs.]

Narrative:

10.7 The institution publishes and implements policies for determining the amount and level of credit awarded for its courses, regardless of format or mode of delivery. These policies require oversight by persons academically qualified to make the necessary judgments. In educational programs not based on credit hours (e.g., direct assessment programs), the institution has a sound means for determining credit equivalencies.

(Policies for awarding credit)

Narrative:

10.8 The institution publishes policies for evaluating, awarding, and accepting credit not originating from the institution. The institution ensures (a) the academic quality of any credit or coursework recorded on its transcript, (b) an approval process with oversight by persons academically qualified to make the necessary judgments, and
(c) the credit awarded is comparable to a designated credit experience and is consistent with the institution’s mission.

*Evaluating and awarding academic credit*

[Emphasize aspects of this standard that may have special relevance to the program expansion at the new degree level.]

Narrative:

11.1 **The institution provides adequate and appropriate library and learning/information resources, services, and support for its mission.**

*Library and learning/information resources* [CR]

[The narrative should only address the new programs.]

Narrative:

11.3 The institution provides (a) student and faculty access and user privileges to its library services and (b) access to regular and timely instruction in the use of the library and other learning/information resources.

*Library and learning/information access*

Narrative:

12.1 **The institution provides appropriate academic and student support programs, services, and activities consistent with its mission.**

*Student support services* [CR]

[The narrative should address the appropriateness of student support services available to students at the new degree level.]

Narrative:

12.4 The institution (a) publishes appropriate and clear procedures for addressing written student complaints, (b) demonstrates that it follows the procedures when resolving them, and (c) maintains a record of student complaints that can be accessed upon request by SACSCOC.

*Student complaints*

Narrative:

13.7 The institution ensures adequate physical facilities and resources, both on and off campus, that appropriately serve the needs of the institution’s educational programs, support services, and other mission-related activities.

*Physical resources*
[The narrative should emphasize facilities relevant to the new program(s).]

Narrative:
ETHICAL OBLIGATIONS OF EVALUATORS

Policy Statement

According to the SACSCOC Principles 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 (p. 4).

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 its member and candidate institutions. The principle serves as the foundation of a relationship in which all parties agree to deal honestly and openly with their constituencies and with one another (p. 11).

A self-regulatory process, accreditation is based upon a peer review process that requires institutional representatives from all degree levels to review institutions and to make decisions about their accreditation status. In order to maintain the credibility of those decisions, not only must the Commission hold institutions accountable for integrity governing all aspects of their operations, but also must insure that evaluators and elected Commission Board of Trustee members responsible for making accreditation decisions maintain the highest level of integrity in all matters dealing with the decision-making process of the Commission and in matters dealing with their own institutions. Integrity of the process mandates at least the following ethical obligations and understandings.

Obligations to Other Evaluators, Board Members, and Commission Staff

The process for the determination of an institution’s compliance with accreditation standards requires professional judgment of peers; in this context, professional judgment demands informed review, thoughtful analysis, and reasoned decision making. The collective professional judgment of peers determines the final report of a committee, and for Commission Board members, determines the accreditation status of an institution. Evaluators and Trustees have an obligation to represent all decisions as those of the total committee or the Commission and not those of
particular individuals or groups. When making this collective decision, it is paramount that evaluators provide for each other an environment that supports a candid exchange of ideas, an opportunity for all opinions to be considered, a respect for individual differences and honest dissent, and a commitment to hold in confidence all such exchanges.

Commission staff members provide information and advice as is appropriate when assisting evaluators and Board members in making decisions on the accreditation status of institutions. Particularly germane are historical information on similarly situated institutions, and procedural and substantive advice on how the policies and accreditation standards have been interpreted and could be applied to an institution’s case, including possible action and follow up. Their role is an active one, providing advice that may include opinions on institutional patterns, institutional progress, and suggested action.

Although the staff’s role in the process does not supplant the peer review and decision-making process, evaluators and Commission Board members should take into account information and advice provided by staff in order to ensure strength and consistency in the process and to prevent decisions that could lead to effective legal action on the part of an institution. Evaluators and Trustees should support an environment that allows staff to provide relevant and candid advice and to carry out their responsibilities to the Commission and to their assigned institutions, including responsibility for informing an institution of Commission action and the rationale for such action.

**Ethical Obligations and Responsibilities Specific to Evaluators**

**Confidentiality**

Evaluators, including lead QEP evaluators, must maintain complete confidentiality in all accreditation activities and decisions. Confidentiality applies to all documents, correspondence, and discussions relative to all phases of the review. Moreover, peer evaluators are expected to maintain confidentiality regarding input from the staff just as they do regarding all other discussions conducted in the review process.

As examples, evaluators may not disclose to anyone the following:

1. information about an institutional case under review, including the analysis of institutional materials; committee discussions before and during the meeting; and the resource material constituting the case
2. information distributed by Commission staff and oral comments by staff
3. findings and recommendations of the committee
4. former decisions of the Committees on Compliance and Reports or of the Executive Council that may have been shared as part of the record for review
5. rationale for a committee recommendation pertaining to an institution

Without a commitment to confidentiality by all evaluators and in all aspects of the review process, peer evaluators cannot freely execute their responsibility to conduct themselves with professional integrity in accreditation activities and decisions.

**Conflict of Interest**

Commission policies provide appropriate safeguards against conflict of interest in arriving at accrediting decisions. Evaluators, including lead QEP evaluators, should not accept appointment to a review committee where conflict of interest, or the appearance of conflict of interest, exists. The Commission relies on the personal and professional integrity of individual committee members, expects them to be sensitive to potential conflicts of interest in the peer review process, and assumes they will act accordingly. If it is discovered that a conflict of interest situation may have significantly affected the evaluation of an institution by a visiting committee, the Chair of the SACSOC Board of Trustees may ask that a further evaluation of the institution be initiated to determine the validity of the original findings of the visiting committee.
As examples, an evaluator would have a conflict of interest if he or she

1. is employed within a state where the parent campus of the institution is located;
2. has been a consultant at the institution within the last ten years;
3. has been an appointee of the institution within the last ten years (e.g., board member);
4. has been an employee of the institution;
5. has been a candidate for employment at the institution within the last ten years;
6. is a graduate of the institution;
7. has a close personal or familial relationship with persons at the institution or a strong bias regarding the institution;
8. is a stockholder or board member of the institution;
9. has any other relationship that could serve as an impediment to rendering impartial, objective professional judgment regarding the accreditation of an institution; or
10. is a Board of Trustee member and has been invited to serve as chair or member of an evaluation committee scheduled to review the institution of another Board member.

Members of review committees must not give advice to or consult with the visited institution, in relation to any issues contained in the follow-up responses or monitoring reports submitted by the institution, until initial action has been taken by the Commission in connection with these issues. A committee member who violates this provision will not be used as an evaluator in the future. An institution is expected to respect the integrity of the accreditation process by not engaging any team member as a consultant, paid or unpaid, or as an employee for this period of time.

A committee member who is recruited or who intends to apply for a position at the visited institution before initial action is taken by the Commission should notify the President of SACSCOC in advance. A committee member who violates this notification provision will not be used as an evaluator in the future. An institution is expected to respect the integrity of the accreditation process by not engaging any team member as a consultant, paid or unpaid, or as an employee for this period of time. Any evidence of not following this provision of the policy would result in a referral to the Board of Trustees for consideration during the institution’s scheduled review.

Conflict of Interest and Undue Influence. An evaluator is expected to contact Commission staff when an attempt is made to influence the evaluator’s judgment or to influence an impending review. Examples of undue influence might include:

1. In advance of an off-site review, an evaluator is contacted by representatives of the institution to discuss the upcoming off-site evaluation;
2. A supervisor attempts to influence an evaluator reporting to the supervisor regarding an upcoming institutional review; and
3. In advance of an on-site review, an evaluator is contacted by representatives of the institution to discuss the upcoming on-site evaluation for reasons other than providing requested additional information or clarification.

Evaluators serving on SACSCOC Review Committees will affirm electronically that they have no conflict of interest with the institution(s) under review as part of the process of accepting a formal invitation to serve. At the time of the Committee’s initial meeting, each member of the Committee will re-affirm—by handwritten signature and date—that they are free of conflict of interest, or the appearance of conflict of interest, with the institution(s) under review.

Obligations Regarding Publicly-Traded Institutions

Institutions accredited by SACSCOC may be publicly traded corporations or may be owned by publicly traded corporations. The actions that SACSCOC may take concerning these institutions may affect the stock price of these
corporations. This fact necessarily imposes certain obligations on SACSCOC Board Members, Staff, and Volunteers. A copy of this policy will be provided to all SACSCOC Board Members, Officers, Employees, and Volunteers upon their appointment, employment, or service.

**Definitions**

**Publicly Traded Institution.** A Publicly Traded Institution is a corporation that is or that owns an educational institution which is a member of or candidate for accreditation by SACSCOC, the stock of which is traded on any public stock exchange.

**Immediate Family.** An individual's immediate family includes spouse, children, and parents.

**Direct or Beneficial Ownership.** Direct or beneficial ownership includes ownership in one's name individually, through a closely held corporation or family partnership, by an individual retirement account or similar retirement vehicle, or by a trust. An individual is not considered a direct or beneficial owner of stock if that individual owns mutual funds that may own stock in a publicly traded institution. An individual is not considered a direct or beneficial owner of stock if that individual's employer holds stock of a publicly traded institution in its endowment.

**Persons Subject to this Policy.** Persons subject to this policy are SACSCOC Board Members, Officers, Employees, Volunteers, and their Attorneys.

**Obligations**

**Obligations concerning publicly traded institutions the stock of which is owned by individuals.** No person who is subject to this policy may take any action or serve in any capacity concerning a publicly traded institution the stock of which the individual or the individual's immediate family owns directly or beneficially.

**Obligations concerning publicly traded institutions subject to action by SACSCOC.** No person who is subject to this policy may disclose to any person who is not subject to this policy any information concerning any action or proposed action by SACSCOC concerning a publicly traded institution except through a means that makes the disclosure available to the general public at the same time; provided however, that SACSCOC may disclose such action or proposed action to representatives of the publicly traded institution in advance of the public disclosure.

**Obligations of SACSCOC staff.** SACSCOC staff shall make available to persons subject to this policy at least annually a list of all publicly traded institutions.

**Participation Responsibilities of Peer Evaluators**

When accepting an appointment to serve, a peer evaluator agrees to the following responsibilities:

1. **Meeting Attendance.** All evaluators are expected to arrive and depart on the dates and at the times specified by committee chairs or Commission staff. They are expected to participate in all scheduled meetings and conference calls.

2. **Assignments.** All evaluators are expected to analyze an institution's compliance with specific accreditation standards, formulate recommendations or statements of committee findings, and write draft narrative that reflects the consensus of the committee. Fulfilling this responsibility requires completion of reading assignments, communication with other committee members and Commission
staff, and professional conduct in executing the work of the Commission.

All committee members work under the leadership of the committee chair.

**Document History:**
- Approved: Commission on Colleges, December 2003
- Updated in accord with the revised Principles: December 2006
- Revised: SACSCOC Board of Trustees, June 2009
- Revised: Executive Council, March 2014
- Edited: June 2018
- Revised: SACSCOC Board of Trustees, December 2019
Procedures

Meetings of the SACSCOC Board of Trustees

1. Members of the SACSCOC Board of Trustees and special readers will inform SACSCOC staff of any conflict of interest before engaging in a review of institutional materials. Board members and special readers will identify cases where they have a conflict of interest or the appearance of a conflict of interest. In addition, they will affirm that they have no conflict of interest with the other institutional cases being reviewed by a handwritten signature.

2. During meetings of Committees on Compliance and Reports, committee members having a conflict of interest with the institution being considered will recuse themselves from any discussion or recommendation and excuse themselves from the meeting room during the time the institution is being reviewed.

3. Members of the Executive Council will disclose any conflict of interest and recuse themselves from any discussion or recommendation regarding the institution(s) with which they have a conflict. Recusals will be noted before any vote and entered into the minutes.

4. Members of the SACSCOC Board of Trustees will recuse themselves from any discussion or action on institutions with which they have a conflict of interest. Recusals will be noted before any vote and entered into the minutes.

Reaffirmation Committee Reviews

1. Evaluators invited to serve on an Off-Site Reaffirmation Committee or an On-Site Reaffirmation Committee will carefully review SACSCOC policies on conflict of interest. Evaluators who conclude that they have an apparent conflict of interest with the institution being reviewed will inform SACSCOC staff and decline the invitation.

2. Evaluators accepting the invitation will affirm via email that they know of no conflict of interest with the institution under review.

3. At the time of the review, members of the Reaffirmation Committee will sign and date a form affirming that they know of no conflict of interest with the institution under review. The final Report of the Reaffirmation Committee will include the signed and dated form for both the Off- and On-Site Reaffirmation Committee members. These forms will remain with the Committee’s Report for archival purposes.

Other Review Committees

1. Evaluators invited to serve on any other review committee (e.g., Candidacy, Accreditation, Substantive Change, Special) will carefully review SACSCOC policies on conflict of interest. Evaluators who conclude that they have an apparent conflict of interest with the institution being reviewed will inform SACSCOC staff and decline the invitation.

2. Evaluators accepting the invitation will affirm via email that they know of no conflict of interest with the institution under review.

3. At the time of the review, members of the evaluation committee will sign and date a form affirming that they know of no conflict of interest with the institution under review. This form will remain with the Committee’s Report, including for archival purposes.

Appeals Committee

Definitions for identifying and procedures for documenting conflict of interest, the appearance of a conflict of interest, or the absence of a conflict of interest for institutions appearing before the Appeals Committee may be found in the SACSCOC Policy “The Appeals Procedures of the College Delegate Assembly.”
ETHICAL OBLIGATIONS OF EVALUATORS

Policy Statement

According to the SACSCOC Principles 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 (p. 4).

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 its member and candidate institutions. The principle serves as the foundation of a relationship in which all parties agree to deal honestly and openly with their constituencies and with one another (p. 11).

A self-regulatory process, accreditation is based upon a peer review process that requires institutional representatives from all degree levels to review institutions and to make decisions about their accreditation status. In order to maintain the credibility of those decisions, not only must the Commission hold institutions accountable for integrity governing all aspects of their operations, but also must insure that evaluators and elected Commission Board of Trustees members responsible for making accreditation decisions maintain the highest level of integrity in all matters dealing with the decision-making process of the Commission and in matters dealing with their own institutions. Integrity of the process mandates at least the following ethical obligations and understandings.

Obligations to Other Evaluators, Board Members, and Commission Staff

The process for the determination of an institution’s compliance with accreditation standards requires professional judgment of peers; in this context, professional judgment demands informed review, thoughtful analysis, and reasoned decision making. The collective professional judgment of peers determines the final report of a committee, and for Commission Board members, determines the accreditation status of an institution. Evaluators and Trustees have an obligation to represent all decisions as those of the total committee or the Commission and not those of
particular individuals or groups. When making this collective decision, it is paramount that evaluators provide for each other an environment that supports a candid exchange of ideas, an opportunity for all opinions to be considered, a respect for individual differences and honest dissent, and a commitment to hold in confidence all such exchanges.

Commission staff members provide information and advice as is appropriate when assisting evaluators and Board members in making decisions on the accreditation status of institutions. Particularly germane are historical information on similarly situated institutions, and procedural and substantive advice on how the policies and accreditation standards have been interpreted and could be applied to an institution's case, including possible action and follow up. Their role is an active one, providing advice that may include opinions on institutional patterns, institutional progress, and suggested action.

Although the staff's role in the process does not supplant the peer review and decision-making process, evaluators and Commission Board members should take into account information and advice provided by staff in order to ensure strength and consistency in the process and to prevent decisions that could lead to effective legal action on the part of an institution. Evaluators and Trustees should support an environment that allows staff to provide relevant and candid advice and to carry out their responsibilities to the Commission and to their assigned institutions, including responsibility for informing an institution of Commission action and the rationale for such action.

**Ethical Obligations and Responsibilities Specific to Evaluators**

**Confidentiality**

Evaluators, including lead QEP evaluators, must maintain complete confidentiality in all accreditation activities and decisions. Confidentiality applies to all documents, correspondence, and discussions relative to all phases of the review. Moreover, peer evaluators are expected to maintain confidentiality regarding input from the staff just as they do regarding all other discussions conducted in the review process.

As examples, **evaluators may not disclose to anyone the following:**

1. information about an institutional case under review, including the analysis of institutional materials: committee discussions before and during the meeting; and the resource material constituting the case
2. information distributed by Commission staff and oral comments by staff
3. findings and recommendations of the committee
4. former decisions of the Committees on Compliance and Reports or of the Executive Council that may have been shared as part of the record for review
5. rationale for a committee recommendation pertaining to an institution

Without a commitment to confidentiality by all evaluators and in all aspects of the review process, peer evaluators cannot freely execute their responsibility to conduct themselves with professional integrity in accreditation activities and decisions.

**Conflict of Interest**

Commission policies provide appropriate safeguards against conflict of interest in arriving at accrediting decisions. Evaluators, including lead QEP evaluators, should not accept appointment to a review committee where conflict of interest, or the appearance of conflict of interest, exists. The Commission relies on the personal and professional integrity of individual committee members, expects them to be sensitive to potential conflicts of interest in the peer review process, and assumes they will act accordingly. If it is discovered that a conflict of interest situation may have significantly affected the evaluation of an institution by a visiting committee, the Chair of the SACSCOC Board of Trustees may ask that a further evaluation of the institution be initiated to determine the validity of the original findings of the visiting committee.
As examples, an evaluator would have a conflict of interest if he or she

1. is employed within a state where the parent campus of the institution is located;
2. has been a consultant at the institution within the last ten years;
3. has been an appointee of the institution within the last ten years (e.g., board member);
4. has been an employee of the institution;
5. has been a candidate for employment at the institution within the last ten years;
6. is a graduate of the institution;
7. has a close personal or familial relationship with persons at the institution or a strong bias regarding the institution;
8. is a stockholder or board member of the institution;
9. has any other relationship that could serve as an impediment to rendering an impartial, objective professional judgment regarding the accreditation of an institution; or
10. is a Board of Trustee member and has been invited to serve as chair or member of an evaluation committee scheduled to review the institution of another Board member.

Members of review committees must not give advice to or consult with the visited institution, in relation to any issues contained in the follow-up responses or monitoring reports submitted by the institution, until initial action has been taken by the Commission in connection with these issues. A committee member who violates this provision will not be used as an evaluator in the future. An institution is expected to respect the integrity of the accreditation process by not engaging any team member as a consultant, paid or unpaid, or as an employee for this period of time.

A committee member who is recruited or who intends to apply for a position at the visited institution before initial action is taken by the Commission should notify the President of SACSCOC in advance. A committee member who violates this notification provision will not be used as an evaluator in the future. An institution is expected to respect the integrity of the accreditation process by not engaging any team member as a consultant, paid or unpaid, or as an employee for this period of time. Any evidence of not following this provision of the policy would result in a referral to the Board of Trustees for consideration during the institution’s scheduled review.

Conflict of Interest and Undue Influence. An evaluator is expected to contact Commission staff when an attempt is made to influence the evaluator’s judgment or to influence an impending review. Examples of undue influence might include:

1. In advance of an off-site review, an evaluator is contacted by representatives of the institution to discuss the upcoming off-site evaluation;
2. A supervisor attempts to influence an evaluator reporting to the supervisor regarding an upcoming institutional review; and
3. In advance of an on-site review, an evaluator is contacted by representatives of the institution to discuss the upcoming on-site evaluation for reasons other than providing requested additional information or clarification.

Evaluators serving on SACSCOC Review Committees will affirm electronically that they have no conflict of interest with the institution(s) under review as part of the process of accepting a formal invitation to serve.

Obligations Regarding Publicly-Traded Institutions

Institutions accredited by SACSCOC may be publicly traded corporations or may be owned by publicly traded corporations. The actions that SACSCOC may take concerning these institutions may affect the stock price of these corporations. This fact necessarily imposes certain obligations on SACSCOC Board Members, Staff, and Volunteers. A copy of this policy will be provided to all SACSCOC Board Members, Officers, Employees, and
Volunteers upon their appointment, employment, or service.

Definitions

Publicly Traded Institution. A Publicly Traded Institution is a corporation that is or that owns an educational institution which is a member of or candidate for accreditation by SACSCOC, the stock of which is traded on any public stock exchange.

Immediate Family. An individual’s immediate family includes spouse, children, and parents.

Direct or Beneficial Ownership. Direct or beneficial ownership includes ownership in one’s name individually, through a closely held corporation or family partnership, by an individual retirement account or similar retirement vehicle, or by a trust. An individual is not considered a direct or beneficial owner of stock if that individual owns mutual funds that may own stock in a publicly traded institution. An individual is not considered a direct or beneficial owner of stock if that individual’s employer holds stock of a publicly traded institution in its endowment.

Persons Subject to this Policy. Persons subject to this policy are SACSCOC Board Members, Officers, Employees, Volunteers, and their Attorneys.

Obligations

Obligations concerning publicly traded institutions the stock of which is owned by individuals. No person who is subject to this policy may take any action or serve in any capacity concerning a publicly traded institution the stock of which the individual or the individual’s immediate family owns directly or beneficially.

Obligations concerning publicly traded institutions subject to action by SACSCOC. No person who is subject to this policy may disclose to any person who is not subject to this policy any information concerning any action or proposed action by SACSCOC concerning a publicly traded institution except through a means that makes the disclosure available to the general public at the same time; provided however, that SACSCOC may disclose such action or proposed action to representatives of the publicly traded institution in advance of the public disclosure.

Obligations of SACSCOC staff. SACSCOC staff shall make available to persons subject to this policy at least annually a list of all publicly traded institutions.

Participation Responsibilities of Peer Evaluators

When accepting an appointment to serve, a peer evaluator agrees to the following responsibilities:

1. Meeting Attendance. All evaluators are expected to arrive and depart on the dates and at the times specified by committee chairs or Commission staff. They are expected to participate in all scheduled meetings and conference calls.

2. Assignments. All evaluators are expected to analyze an institution’s compliance with specific accreditation standards, formulate recommendations or statements of committee findings, and write draft narrative that reflects the consensus of the committee. Fulfilling this responsibility requires completion of reading assignments, communication with other committee members and Commission staff, and professional conduct in executing the work of the Commission.
All committee members work under the leadership of the committee chair.

**Document History**

Approved: Commission on Colleges, December 2005  
Updated in accord with the revised Principles: December 2006  
Revised: SACSCOC Board of Trustees, June 2009  
Revised: Executive Council, March 2014  
Edited: June 2018  
Revised: SACSCOC Board of Trustees, December 2019
Procedures

Meetings of the SACSCOC Board of Trustees

1. Members of the SACSCOC Board of Trustees and special readers will inform SACSCOC staff of any conflict of interest before engaging in a review of institutional materials. Board members and special readers will identify cases where they have a conflict of interest or the appearance of a conflict of interest. In addition, they will affirm that they have no conflict of interest with the other institutional cases being reviewed by a handwritten signature.

2. During meetings of Committees on Compliance and Reports, committee members having a conflict of interest with the institution being considered will recuse themselves from any discussion or recommendation and excuse themselves from the meeting room during the time the institution is being reviewed.

3. Members of the Executive Council will disclose any conflict of interest and recuse themselves from any discussion or recommendation regarding the institution(s) with which they have a conflict. Recusals will be noted before any vote and entered into the minutes.

4. Members of the SACSCOC Board of Trustees will recuse themselves from any discussion or action on institutions with which they have a conflict of interest. Recusals will be noted before any vote and entered into the minutes.

Reaffirmation Committee Reviews

1. Evaluators invited to serve on an Off-Site Reaffirmation Committee or an On-Site Reaffirmation Committee will carefully review SACSCOC policies on conflict of interest. Evaluators who conclude that they have an apparent conflict of interest with the institution being reviewed will inform SACSCOC staff and decline the invitation.

2. Evaluators accepting the invitation will affirm via email that they know of no conflict of interest with the institution under review.

3. At the time of the review, members of the Reaffirmation Committee will sign and date a form affirming that they know of no conflict of interest with the institution under review. The final Report of the Reaffirmation Committee will include the signed and dated form for both the Off- and On-Site Reaffirmation Committee members. These forms will remain with the Committee’s Report for archival purposes.

Other Review Committees

1. Evaluators invited to serve on any other review committee (e.g., Candidacy, Accreditation, Substantive Change, Special) will carefully review SACSCOC policies on conflict of interest. Evaluators who conclude that they have an apparent conflict of interest with the institution being reviewed will inform SACSCOC staff and decline the invitation.

2. Evaluators accepting the invitation will affirm via email that they know of no conflict of interest with the institution under review.

3. At the time of the review, members of the evaluation committee will sign and date a form affirming that they know of no conflict of interest with the institution under review. This form will remain with the Committee’s Report, including for archival purposes.

Appeals Committee

Definitions for identifying and procedures for documenting conflict of interest, the appearance of a conflict of interest, or the absence of a conflict of interest for institutions appearing before the Appeals Committee may be found in the SACSCOC Policy “The Appeals Procedures of the College Delegate Assembly.”
ETHICAL OBLIGATIONS OF MEMBERS OF SACSCOC BOARD OF TRUSTEES

Policy Statement

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 its member and candidate institutions. The principle serves as the foundation of a relationship in which all parties agree to deal honestly and openly with their constituencies and with one another. (Principles of Accreditation, p. 11)

A self-regulatory process, accreditation is based upon a peer review process that requires institutional representatives from all degree levels to review institutions and to make decisions about their accreditation status. In order to maintain the credibility of those decisions, not only must the Commission hold institutions accountable for integrity governing all aspects of their operations, but also must ensure that peer evaluators and elected Commission Board members responsible for making accreditation decisions maintain the highest level of integrity in all matters dealing with the decision-making process of the Commission and in matters dealing with their own institutions. Integrity of the process mandates at least the following ethical obligations and understandings.

Obligations to other Peer Evaluators, Board Members, and Commission Staff

The process for the determination of an institution’s compliance with accreditation standards requires professional judgment of peers; in this context, professional judgment demands informed review, thoughtful analysis, and reasoned decision-making. The collective professional judgment of peers determines the final report of a committee, and for Commission Board members, determines the accreditation status of an institution. Evaluators and Trustees have an obligation to represent all decisions as those of the total committee or the Commission and not those of particular individuals or groups. When making this collective decision, it is paramount that evaluators provide for each other an environment that supports a candid exchange of ideas, an opportunity for all opinions to be considered, a respect for individual differences and honest dissent, and a commitment to hold in confidence all such exchanges.

Commission staff members provide information and advice as appropriate when assisting evaluators and Trustees in making decisions on the accreditation status of institutions. Particularly germane are historical information on similarly situated institutions, and procedural and substantive advice on how the policies and accreditation standards have been interpreted and could be applied to an institution’s case, including possible action and follow up. Their role is an active one, providing advice that may include opinions on institutional patterns, institutional progress, and suggested action.

Although the staff’s role in the process does not supplant the peer review and decision-making process, evaluators and Commission Board members should take into account information and advice provided by staff in order to ensure strength and consistency in the process and to prevent decisions that could lead to effective legal action on the part of an institution. Evaluators and Trustees should support an environment that allows staff to provide relevant and candid advice and to carry out their responsibilities to the Commission and to their assigned institutions, including responsibility for informing an institution of Board action and the rationale for such action.
Confidentiality

All Commission Trustees must maintain complete confidentiality and conduct themselves with professional integrity in all accreditation activities and decisions. Confidentiality applies to all levels of the review process: review by the Committees on Compliance and Reports (C&R), the Executive Council, and the full Board. Moreover, Trustees are expected to maintain confidentiality regarding input from the staff just as they do regarding all other discussions conducted in the decision-making process.

As examples, Commission Board members may not disclose to any member of a Committee on Compliance and Reports, the Executive Council, the SACSCOC Board of Trustees, or to the public the following:

1. information about an institutional case scheduled for review, including the analysis of institutional materials; information gained from a meeting on the record; committee discussions before and during the meeting; and the resource material constituting the case (this includes any information regarding the review of a publicly traded, for-profit institution or an institution where its parent company is publicly traded)
2. information distributed as part of Commission staff memos and oral comments by staff
3. the names of assigned readers of a case
4. information disclosed as part of a C & R Committee or Executive Council’s working agenda
5. decisions of the Committees on Compliance and Reports or of the Executive Council
6. rationale for a decision of the Board pertaining to an institution
7. decisions of the Committees on Compliance and Reports or the Executive Council that affect publicly traded, for-profit institutions or institutions where their parent companies are publicly traded)

Without a commitment to confidentiality by all Trustees and in all aspects of the review process, they cannot freely execute their responsibility to conduct themselves with professional integrity in accreditation activities and decisions.

Conflict of Interest

Commission policies provide appropriate safeguards against conflict of interest in arriving at accrediting decisions. Commission Board members are expected to remove themselves from discussion and abstain from voting on institutional cases where a conflict of interest, or the appearance of a conflict of interest, exists. As examples, a Trustee would have a conflict of interest if he or she

1. is employed by the institution;
2. is employed within a state where the parent campus of the institution is located;
3. has been a consultant at the institution within the last ten years;
4. has been an appointee of the institution within the last ten years (e.g., board member);
5. has been an employee of the institution;
6. has been a candidate for employment at the institution within the last ten years;
7. is a graduate of the institution;
8. has a close personal or familial relationship with persons at the institution or a strong bias regarding the institution;
9. has served as a member of an on-site evaluation committee or an off-site review and developed the report used for action on the institution’s accreditation;
10. is a stockholder or board member of a publicly traded for-profit institution; or
11. has any other relationship that could serve as an impediment to rendering an impartial, objective, professional judgment regarding the accreditation of an institution.

Board of Trustee members who are employed by an institution under consideration shall absent themselves from the room during the discussion and voting on their own institution during the meetings of the Committees on Compliance and Reports and the Executive Council.

If a Trustee recuses him or herself from a case reviewed by the Committees on Compliance and Reports or by the Executive Council, then recusal for the same case should take place during the vote by the full Board. Conversely, if a Board member
does not recuse him or herself during the review of a case, then the Board member may not recuse him or herself at the time of vote by the full Board. Conflicts of interest should be claimed at the earliest point of institutional review. For each meeting of the Board of Trustees and its Committees on Compliance and Reports, Board members will identify cases where they have a conflict of interest, the appearance of a conflict of interest, or no conflict of interest and certify such with handwritten signatures electronically.

Conflict of Interest and Undue Influence. A Board member is expected to recuse him or herself from decisions pertaining to an institution when someone attempts to influence the Trustee regarding that institution’s impending case. Examples of undue influence might include:

1. A Board member who is contacted by representatives of an institution regarding the institution’s impending case or asking another Board member or individual to intervene and influence the Board member;
2. A Trustee serving on the board of an institution appearing for a meeting on the record and discussing the case with a sitting Board member who will take action on the institution;
3. A supervisor attempting to influence a Board member reporting to the supervisor regarding a case assigned for review to the Trustee; and
4. A Commission Board member seeking information from another regarding an impending recommendation on a case.
5. It is the responsibility of the Board member to report to the President of the Commission any attempt to influence the Commission’s decision regarding an impending case.

Obligations Regarding Publicly Traded Institutions

Institutions accredited by SACSCOC may be publicly traded corporations or may be owned by publicly traded corporations. The actions that SACSCOC may take concerning these institutions may affect the stock price of these corporations. This fact necessarily imposes certain obligations on SACSCOC Board Members, Staff, and Volunteers. A copy of this policy will be provided to all SACSCOC Board Members, Officers, Employees, and Volunteers upon their appointment, employment, or service.

Definitions

Publicly Traded Institution. A Publicly Traded Institution is a corporation that is or that owns an educational institution which is a member of or candidate for accreditation by SACSCOC, the stock of which is traded on any public stock exchange.

Immediate Family. An individual’s immediate family includes spouse, children, and parents.

Direct or Beneficial Ownership. Direct or beneficial ownership includes ownership in one’s name individually, through a closely held corporation or family partnership, by an individual retirement account or similar retirement vehicle, or by a trust. An individual is not considered a direct or beneficial owner of stock if that individual owns mutual funds that may own stock in a publicly traded institution. An individual is not considered a direct or beneficial owner of stock if that individual’s employer holds stock of a publicly traded institution in its endowment.

Persons Subject to this Policy. Persons subject to this policy are SACSCOC Board Members, Officers, Employees, Volunteers, and their Attorneys.

Obligations

Obligations concerning publicly traded institutions, the stock of which is owned by individuals. No person who is subject to this policy may take any action or serve in any capacity concerning a publicly traded institution, the stock of which the individual or the individual’s immediate family owns directly or beneficially.

Obligations concerning publicly traded institutions subject to action by SACSCOC. No person who is subject
to this policy may disclose to any person who is not subject to this policy any information concerning any action or proposed action by SACSCOC concerning a publicly traded institution except through a means that makes the disclosure available to the general public at the same time; provided however, that SACSCOC may disclose such action or proposed action to representatives of the publicly traded institution in advance of the public disclosure.

Obligations of SACSCOC staff. SACSCOC staff shall make available to persons subject to this policy at least annually a list of all publicly traded institutions.

Integrity and the Board Member’s Institution

The Commission expects a Board member to hold his or her own institution accountable for the highest level of integrity in all dealings with its constituencies, including the Commission. Lack of commitment to integrity at a Trustee’s own institution potentially compromises the credibility of the peer review process.

Participation Responsibilities of the SACSCOC Board of Trustees

Trustees are responsible for determining policy, reviewing and taking final action on the accreditation of institutions, reviewing fees schedules and the dues formula, and reviewing proposed changes to the Commission’s standards for accreditation. (See “Standing Rules” for a complete list of duties.)

When accepting an appointment to the SACSCOC Board of Trustees, board members agree to the following responsibilities:

1. Meeting Attendance. All Trustees are either elected to serve on the Executive Council or are assigned to one of the Committees on Compliance and Reports. In accord with such service, Board members are required to attend the following meetings:
   
   - Orientation session for new Trustees held in April;
   - Meetings of the SACSCOC Board of Trustees held during the Summer Meeting in June (includes meetings of the Executive Council, Committees on Compliance and Reports, and the full Board);
   - Meetings of the SACSCOC Board of Trustees held during the SACSCOC Annual Meeting in December (includes meetings of the Executive Council, Committees on Compliance and Reports, and the full Board);
   - College Delegate Assembly Business Session held during the SACSCOC Annual Meeting in December; and
   - Spring meeting of the Executive Council, for those elected to that body.

2. Board Member Assignments. As a member of one of the Committees on Compliance and Reports (C & R), a Board member is assigned responsibility for the evaluation of a variety of institutional reports and the formulation of recommendations regarding the accreditation status of those institutions. Trustees assigned to serve on a C & R Committee are responsible for attendance at meetings, adherence to the meeting schedule, completion of reading assignments, and professional conduct in executing the work of the Commission.

As an elected member of the Executive Council, a Trustee serves on the executive body of the Commission with responsibility for interpreting policies and procedures; supervising, reviewing and acting on the reports of ad hoc and standing committees; approving the Commission’s budget; overseeing and evaluating the work of the Commission President; and initiating new programs, projects, and policy proposals. Executive Council members are responsible for attendance at meetings and for professional conduct in executing the work of the Commission.

3. Communications. Trustees serve as liaisons between the membership and the Commission staff. They may be asked to speak at state meetings, attend institutional events such as inaugurations, correspond with member institutions within the state, and assist the Commission office in disseminating information.
4. **Visiting Committee Service.** Trustees are expected to have had experience in serving as members of review committees or, absent such experience, are expected to serve as members or official observers on review committees during the first year of service on the Board.

**Failure of a Board of Trustees Member to Meet Obligations**

Ethical and participatory obligations of a Trustee are of such importance to the credibility and effectiveness of the work of the Commission that failure to fulfill such obligations will result in a resignation request or removal from service. Examples of circumstances that would generate either action are as follows:

1. Failure of a Trustee to attend two consecutive executive sessions of the Board or of the standing committee on which that member serves without prior notification to the President of the Commission;
2. Failure of a Trustee to execute responsibilities associated with service on the Committees on Compliance and Reports;
3. Failure of a Trustee to execute responsibilities associated with service on the Executive Council;
4. Evidence that a Trustee failed to uphold ethical obligations outlined in this statement;
5. Action by the Commission citing the Trustee’s institution for non-compliance with Section 1 (Integrity) of the Principles of Accreditation; and
6. Action by the Commission placing the Trustee’s institution on a public sanction or taking adverse action against the institution.

**Process for the Review of a member of the Board of Trustees**

If a Trustee fails to meet the ethical and participatory obligations outlined above or if the Trustee’s institution has been placed on a sanction or cited for integrity issues, the Board member will be expected to render his or her resignation to the Commission Chair within 30 days of the findings of the Commission. If the Trustee fails to do so, the Chair will request the Trustee to submit a written statement explaining the circumstances that precipitated the failure to meet Board member obligations and responsibilities, and will arrange for the Trustee to meet with the Executive Council. The Executive Council will review the case at its next meeting and will render a final decision regarding the status of the Trustee’s service.

If a Board member is in any way involved in litigation with SACSCOC, the Trustee will not be allowed to participate in the work of the Commission until litigation is concluded, including all appeals.

**Document History**

Approved: Commission on Colleges, December 2005
Updated in accord with the revised Principles: December 2006
Revised: SACSCOC Board of Trustees, June 2009
Revised (for notations regarding the review of publicly-traded, for-profit institutions): SACSCOC Board of Trustees, June 2010

Edited for the 2018 Edition of the Principles of Accreditation: March 2018
Revised, SACSCOC Board of Trustees, December 2019
ETHICAL OBLIGATIONS OF MEMBERS OF SACSCOC
BOARD OF TRUSTEES

Policy Statement

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 its member and candidate institutions. The principle serves as the foundation of a relationship in which all parties agree to deal honestly and openly with their constituencies and with one another. *(Principles of Accreditation, p. 11)*

A self-regulatory process, accreditation is based upon a peer review process that requires institutional representatives from all degree levels to review institutions and to make decisions about their accreditation status. In order to maintain the credibility of those decisions, not only must the Commission hold institutions accountable for integrity governing all aspects of their operations, but also must insure that peer evaluators and elected Commission Board members responsible for making accreditation decisions maintain the highest level of integrity in all matters dealing with the decision-making process of the Commission and in matters dealing with their own institutions. Integrity of the process mandates at least the following ethical obligations and understandings.

**Obligations to other Peer Evaluators, Board Members, and Commission Staff**

The process for the determination of an institution’s compliance with accreditation standards requires professional judgment of peers; in this context, professional judgment demands informed review, thoughtful analysis, and reasoned decision-making. The collective professional judgment of peers determines the final report of a committee, and for Commission Board members, determines the accreditation status of an institution. Evaluators and Trustees have an obligation to represent all decisions as those of the total committee or the Commission and not those of particular individuals or groups. When making this collective decision, it is paramount that evaluators provide for each other an environment that supports a candid exchange of ideas, an opportunity for all opinions to be considered, a respect for individual differences and honest dissent, and a commitment to hold in confidence all such exchanges.

Commission staff members provide information and advice as appropriate when assisting evaluators and Trustees in making decisions on the accreditation status of institutions. Particularly germane are historical information on similarly situated institutions, and procedural and substantive advice on how the policies and accreditation standards have been interpreted and could be applied to an institution’s case, including possible action and follow up. Their role is an active one, providing advice that may include opinions on institutional patterns, institutional progress, and suggested action.

Although the staff’s role in the process does not supplant the peer review and decision-making process, evaluators and Commission Board members should take into account information and advice provided by staff in order to ensure strength and consistency in the process and to prevent decisions that could lead to effective legal action on the part of an institution. Evaluators and Trustees should support an environment that allows staff to provide relevant and candid advice and to carry out their responsibilities to the Commission and to their assigned institutions, including responsibility for informing an institution of Board action and the rationale for such action.
Confidentiality

All Commission Trustees must maintain complete confidentiality and conduct themselves with professional integrity in all accreditation activities and decisions. Confidentiality applies to all levels of the review process: review by the Committees on Compliance and Reports (C&R), the Executive Council, and the full Board. Moreover, Trustees are expected to maintain confidentiality regarding input from the staff just as they do regarding all other discussions conducted in the decision-making process.

As examples, Commission Board members may not disclose to any member of a Committee on Compliance and Reports, the Executive Council, the SACSCOC Board of Trustees, or to the public the following:

1. information about an institutional case scheduled for review, including the analysis of institutional materials; information gained from a meeting on the record; committee discussions before and during the meeting; and the resource material constituting the case (this includes any information regarding the review of a publicly traded, for-profit institution or an institution where its parent company is publicly traded)
2. information distributed as part of Commission staff memos and oral comments by staff
3. the names of assigned readers of a case
4. information disclosed as part of a C & R Committee or Executive Council’s working agenda
5. decisions of the Committees on Compliance and Reports or of the Executive Council
6. rationale for a decision of the Board pertaining to an institution
7. decisions of the Committees on Compliance and Reports or the Executive Council that affect publicly traded, for-profit institutions or institutions where their parent companies are publicly traded)

Without a commitment to confidentiality by all Trustees and in all aspects of the review process, they cannot freely execute their responsibility to conduct themselves with professional integrity in accreditation activities and decisions.

Conflict of Interest

Commission policies provide appropriate safeguards against conflict of interest in arriving at accrediting decisions. Commission Board members are expected to remove themselves from discussion and abstain from voting on institutional cases where a conflict of interest, or the appearance of a conflict of interest, exists. As examples, a Trustee would have a conflict of interest if he or she

1. is employed by the institution;
2. is employed within a state where the parent campus of the institution is located;
3. has been a consultant at the institution within the last ten years;
4. has been an appointee of the institution within the last ten years (e.g., board member);
5. has been an employee of the institution;
6. has been a candidate for employment at the institution within the last ten years;
7. is a graduate of the institution;
8. has a close personal or familial relationship with persons at the institution or a strong bias regarding the institution;
9. has served as a member of an on-site evaluation committee or an off-site review and developed the report used for action on the institution’s accreditation;
10. is a stockholder or board member of a publicly traded for-profit institution; or
11. has any other relationship that could serve as an impediment to rendering an impartial, objective, professional judgment regarding the accreditation of an institution.

Board of Trustee members who are employed by an institution under consideration shall absent themselves from the room during the discussion and voting on their own institution during the meetings of the Committees on Compliance and Reports and the Executive Council.

If a Trustee recuses him or herself from a case reviewed by the Committees on Compliance and Reports or by the Executive Council, then recusal for the same case should take place during the vote by the full Board. Conversely, if a Board member
does not recuse him or herself during the review of a case, then the Board member may not recuse him or herself at the time of vote by the full Board. Conflicts of interest should be claimed at the earliest point of institutional review. For each meeting of the Board of Trustees and its Committees on Compliance and Reports, Board members will identify cases where they have a conflict of interest, the appearance of a conflict of interest, or no conflict of interest and certify such electronically.

Conflict of Interest and Undue Influence. A Board member is expected to recuse him or herself from decisions pertaining to an institution when someone attempts to influence the Trustee regarding that institution’s impending case. Examples of undue influence might include:

1. A Board member who is contacted by representatives of an institution regarding the institution’s impending case or asking another Board member or individual to intervene and influence the Board member;
2. A Trustee serving on the board of an institution appearing for a meeting on the record and discussing the case with a sitting Board member who will take action on the institution;
3. A supervisor attempting to influence a Board member reporting to the supervisor regarding a case assigned for review to the Trustee; and
4. A Commission Board member seeking information from another regarding an impending recommendation on a case.
5. It is the responsibility of the Board member to report to the President of the Commission any attempt to influence the Commission’s decision regarding an impending case.

Obligations Regarding Publicly Traded Institutions

Institutions accredited by SACSCOC may be publicly traded corporations or may be owned by publicly traded corporations. The actions that SACSCOC may take concerning these institutions may affect the stock price of these corporations. This fact necessarily imposes certain obligations on SACSCOC Board Members, Staff, and Volunteers. A copy of this policy will be provided to all SACSCOC Board Members, Officers, Employees, and Volunteers upon their appointment, employment, or service.

Definitions

Publicly Traded Institution. A Publicly Traded Institution is a corporation that is or that owns an educational institution which is a member of or candidate for accreditation by SACSCOC, the stock of which is traded on any public stock exchange.

Immediate Family. An individual’s immediate family includes spouse, children, and parents.

Direct or Beneficial Ownership. Direct or beneficial ownership includes ownership in one’s name individually, through a closely held corporation or family partnership, by an individual retirement account or similar retirement vehicle, or by a trust. An individual is not considered a direct or beneficial owner of stock if that individual owns mutual funds that may own stock in a publicly traded institution. An individual is not considered a direct or beneficial owner of stock if that individual’s employer holds stock of a publicly traded institution in its endowment.

Persons Subject to this Policy. Persons subject to this policy are SACSCOC Board Members, Officers, Employees, Volunteers, and their Attorneys.

Obligations

Obligations concerning publicly traded institutions, the stock of which is owned by individuals. No person who is subject to this policy may take any action or serve in any capacity concerning a publicly traded institution, the stock of which the individual or the individual’s immediate family owns directly or beneficially.

Obligations concerning publicly traded institutions subject to action by SACSCOC. No person who is subject
to this policy may disclose to any person who is not subject to this policy any information concerning any action or proposed action by SACSCOC concerning a publicly traded institution except through a means that makes the disclosure available to the general public at the same time; provided however, that SACSCOC may disclose such action or proposed action to representatives of the publicly traded institution in advance of the public disclosure.

Obligations of SACSCOC staff. SACSCOC staff shall make available to persons subject to this policy at least annually a list of all publicly traded institutions.

Integrity and the Board Member’s Institution

The Commission expects a Board member to hold his or her own institution accountable for the highest level of integrity in all dealings with its constituencies, including the Commission. Lack of commitment to integrity at a Trustee’s own institution potentially compromises the credibility of the peer review process.

Participation Responsibilities of the SACSCOC Board of Trustees

Trustees are responsible for determining policy, reviewing and taking final action on the accreditation of institutions, reviewing fees schedules and the dues formula, and reviewing proposed changes to the Commission’s standards for accreditation. (See “Standing Rules” for a complete list of duties.)

When accepting an appointment to the SACSCOC Board of Trustees, board members agree to the following responsibilities:

1. Meeting Attendance. All Trustees are either elected to serve on the Executive Council or are assigned to one of the Committees on Compliance and Reports. In accord with such service, Board members are required to attend the following meetings:

   - Orientation session for new Trustees held in April;
   - Meetings of the SACSCOC Board of Trustees held during the Summer Meeting in June (includes meetings of the Executive Council, Committees on Compliance and Reports, and the full Board);
   - Meetings of the SACSCOC Board of Trustees held during the SACSCOC Annual Meeting in December (includes meetings of the Executive Council, Committees on Compliance and Reports, and the full Board);
   - College Delegate Assembly Business Session held during the SACSCOC Annual Meeting in December; and
   - Spring meeting of the Executive Council, for those elected to that body.

2. Board Member Assignments. As a member of one of the Committees on Compliance and Reports (C & R), a Board member is assigned responsibility for the evaluation of a variety of institutional reports and the formulation of recommendations regarding the accreditation status of those institutions. Trustees assigned to serve on a C & R Committee are responsible for attendance at meetings, adherence to the meeting schedule, completion of reading assignments, and professional conduct in executing the work of the Commission.

   As an elected member of the Executive Council, a Trustee serves on the executive body of the Commission with responsibility for interpreting policies and procedures; supervising, reviewing and acting on the reports of ad hoc and standing committees; approving the Commission’s budget; overseeing and evaluating the work of the Commission President; and initiating new programs, projects, and policy proposals. Executive Council members are responsible for attendance at meetings and for professional conduct in executing the work of the Commission.

3. Communications. Trustees serve as liaisons between the membership and the Commission staff. They may be asked to speak at state meetings, attend institutional events such as inaugurations, correspond with member institutions within the state, and assist the Commission office in disseminating information.
4. **Visiting Committee Service.** Trustees are expected to have had experience in serving as members of review committees or, absent such experience, are expected to serve as members or official observers on review committees during the first year of service on the Board.

**Failure of a Board of Trustees Member to Meet Obligations**

Ethical and participatory obligations of a Trustee are of such importance to the credibility and effectiveness of the work of the Commission that failure to fulfill such obligations will result in a resignation request or removal from service. Examples of circumstances that would generate either action are as follows:

1. Failure of a Trustee to attend two consecutive executive sessions of the Board or of the standing committee on which that member serves without prior notification to the President of the Commission;
2. Failure of a Trustee to execute responsibilities associated with service on the Committees on Compliance and Reports;
3. Failure of a Trustee to execute responsibilities associated with service on the Executive Council;
4. Evidence that a Trustee failed to uphold ethical obligations outlined in this statement;
5. Action by the Commission citing the Trustee’s institution for non-compliance with Section 1 (Integrity) of the Principles of Accreditation; and
6. Action by the Commission placing the Trustee’s institution on a public sanction or taking adverse action against the institution.

**Process for the Review of a Member of the Board of Trustees**

If a Trustee fails to meet the ethical and participatory obligations outlined above or if the Trustee’s institution has been placed on a sanction or cited for integrity issues, the Board member will be expected to render his or her resignation to the Commission Chair within 30 days of the findings of the Commission. If the Trustee fails to do so, the Chair will request the Trustee to submit a written statement explaining the circumstances that precipitated the failure to meet Board member obligations and responsibilities, and will arrange for the Trustee to meet with the Executive Council. The Executive Council will review the case at its next meeting and will render a final decision regarding the status of the Trustee’s service.

If a Board member is in any way involved in litigation with SACSCOC, the Trustee will not be allowed to participate in the work of the Commission until litigation is concluded, including all appeals.

**Document History**

Approved: Commission on Colleges, December 2005
Updated in accord with the revised Principles: December 2006
Revised: SACSCOC Board of Trustees, June 2009
Revised (for notations regarding the review of publicly-traded, for-profit institutions):
Revised: SACSCOC Board of Trustees, June 2010
Edited January 2012
Edited for the 2018 Edition of the Principles of Accreditation: March 2018
Revised: SACSCOC Board of Trustees, December 2019
THE QUALITY ENHANCEMENT PLAN

Policy Statement

The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), requires its accredited institutions to undergo a comprehensive decennial review to ensure that each institution continues to meet member-driven standards of quality. These accreditation standards – formally adopted by member institutions – are found in The Principles of Accreditation: Foundations for Educational Quality. The comprehensive review includes the institutional submission of two documents: (1) a Compliance Certification and (2) A Quality Enhancement Plan (QEP). The following definitions and requirements apply as institutions submit their QEP for the On-Site Reaffirmation Committee’s review.

Definitions

The Compliance Certification is a document completed by the institution that demonstrates its judgment of the extent of its compliance with each of the Commission’s Core Requirements and other standards. The Off-Site Reaffirmation Committee conducts the initial review of this document and presents preliminary findings to the institution and the On-Site Reaffirmation Committee.

The Quality Enhancement Plan 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 that the institution considers important to improving student learning outcomes and/or student success. The document submitted by the institution demonstrates that its QEP (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. The On-Site Reaffirmation Committee reviews the document and conducts interviews to determine whether the institution has demonstrated compliance with Standard 7.2.

Requirements

Review of the Quality Enhancement Plan

The institution may choose to submit selected information about its QEP for review by the Off-Site Reaffirmation Committee. This information allows the Off-Site Reaffirmation Committee to provide an opinion as to whether the intended QEP appears to offer a reasonable attempt to comply with sections (a) and (c) of Standard 7.2 regarding the relationship of the QEP topic to the institutional planning process and the focus of the QEP on improving student learning outcomes and/or student success. The Off-Site Reaffirmation Committee may also choose to provide additional narrative feedback to the institution.
The entire QEP will be submitted to the On-Site Reaffirmation Committee concurrently with the institution’s Focused Report. At that time, the QEP document will be reviewed to determine the institution’s compliance with all of the parts of Standard 7.2 (QEP). The On-Site Reaffirmation Committee will also offer consultative advice to the institution, highlighting strengths of the plan/project and identifying possible challenges to the successful implementation and completion of the QEP. If the On-Site Reaffirmation Committee determines that the institution did not demonstrate compliance with all parts of the standard, the Committee will propagate one or more formal recommendations. The institution will provide a formal response to the SACSCOC Board of Trustees at the time of the Board’s review. The Committee’s consultative comments, on the other hand, are intended to add value for the institution; the institution may choose the best way to make use of such comments.

Consultants during the planning process and development of the QEP

SACSCOC does not require that an institution engage either an internal or external consultant in the process of developing its QEP. Such a decision is wholly the institution’s and lies outside of the purview of SACSCOC. Whether or not the institution reports engaging such consultative services will have no bearing on the type or rigor of the review of the QEP conducted by SACSCOC peer review committees.

QEP Lead Evaluator: Nomination and Selection

Since the On-Site Reaffirmation Committee will review the QEP with a view toward determining compliance with Standard 7.2 and with the purpose of providing the institution with valuable consultative advice, the Committee will include a peer reviewer whose primary responsibility lies in review of the QEP: the QEP Lead Evaluator. An institution participating in a review leading to reaffirmation of accreditation has the option of nominating two candidates – from which SACSCOC staff will choose one – for service in the Lead Evaluator’s role on its On-Site Reaffirmation Committee. The Commission welcomes nominations from outside the Southern Association’s region. This evaluator brings expertise in the general content area on which the QEP is focused and does not have to be employed by a college or university. Should the institution choose not to submit nominations to the SACSCOC VP assigned to the institution, a QEP Lead Evaluator will be chosen by SACSCOC staff based on the information submitted at the time of the Off-Site Reaffirmation Committee’s review.

In order to protect the integrity of the process and of the institution, the institution nominating the QEP lead evaluator should be particularly sensitive to avoid even the potential appearance of impropriety that could result from personal or professional relationships between the nominee and institutional personnel, either past or present. Persons nominated should have special expertise in relation to the QEP and have no conflict of interest in connection with the evaluation. The conflict of interest policy of the Commission on Colleges applies to nominating the lead evaluator for the QEP (Please see the SACSCOC policy “Ethical Obligations of Evaluators”).

A current SACSCOC Board of Trustee member may not serve on an On-Site Reaffirmation Committee scheduled to visit an institution that employs another current Board member.

The institution may not call upon On-Site Reaffirmation Committee members, including the lead evaluator for the QEP, for advice or consultation in relation to any follow-up responses or reports submitted by the institution until final positive action has been taken on reaffirmation of accreditation. A committee member who violates this policy is removed from the evaluator registry.
The Commission expects an institution to respect the process by not engaging any team member as a consultant for this period of time.

Evaluators serving on On-Site Reaffirmation Committees receive the same nominal expense reimbursements from the Commission on Colleges ($100 plus expenses). Evaluators may not receive additional compensation from the institution or from other sources in connection with the evaluation.

Assessment of Institutional Quality Enhancement – Fifth-Year Interim Report

Each member institution submits a Fifth-Year Interim Report to demonstrate compliance with selected standards of the Principles of Accreditation. A review of institutional initiatives related to enhancing student learning outcomes and/or student success is an integral part of that Fifth-Year Interim Report. Institutions are expected to provide will have the option of providing a report on the impact of the their previous Quality Enhancement Plan from their most recent reaffirmation for review by the Fifth-Year Interim Committee, or documenting ongoing quality enhancement initiatives which would demonstrate compliance with Standard 7.2 (QEP).

Document History
Approved: SACSCOC Board of Trustees, June 2018
(Replaced former SACSCOC Policy “QEP Lead Evaluator”)
Revised: SACSCOC Board of Trustees, December 2019
Procedures

Information provided to the Off-Site Reaffirmation Committee

Institutions may choose to provide information regarding their QEP at the same time they submit their Compliance Certification. Submission of such QEP information is strictly optional on the part of the institution, and the institution’s choice will have no bearing on the rigor or breadth of the On-Site Reaffirmation Committee’s review of the QEP.

An institution which chooses to submit its QEP to the Off-Site Reaffirmation Committee’s non-binding review should provide the following information:

- A short narrative (1-2 pages) summarizing the QEP topic and its relationship to the institutional planning process.
- A short narrative (1-2 pages) describing the focus of the QEP on enhancing student learning outcomes and/or student success.

These narratives should be included with the Compliance Certification document under Standard 7.2. The Off-Site Reaffirmation Committee will provide its reasoned opinion and any additional narrative in its comments on Standard 7.2. Those comments are strictly for the institution’s use, however; they will be deleted from the draft report forwarded to the On-Site Reaffirmation Committee which forms the basis for the Report of the Reaffirmation Committee.

Nominating and Selecting a QEP Lead Evaluator

Institutions should submit the names and pertinent information for at least two persons to their Commission staff representative. Track A (undergraduate) institutions should submit that information by April 1 before their On-Site visit. Track B (graduate) institutions should submit that information by October 1 before their On-Site visit. The institution should confirm that its first nominee is able and willing to serve on the On-Site Reaffirmation Committee in this role before submitting the nomination. When an institution submits nominations for the evaluator, it provides the following information to the Commission staff for each nominee at least three months before the on-site reaffirmation visit:

- (1) Name and contact information
- (2) Title
- (3) Institution or organization
- (4) Experience and special expertise
- (5) Rationale for selection and explanation of how the nominee’s expertise pertains to the QEP and its evaluation

The Commission staff member invites the individual and includes a copy of the Commission’s conflict of interest statement. In a positive response to the staff member’s invitation, the evaluator indicates that the statement was reviewed and that no conflict of interest exists for the institutional assignment. Should the first nominee be unacceptable or decline the invitation, Commission staff will notify the institution that the second person on the list will be invited to allow the institution to make an initial contact with that person in advance of the invitation.

The Role of the QEP Lead Evaluator

Members of the On-Site Reaffirmation Committee – including the QEP Lead Evaluator – receive
companion materials from the Commission staff or Committee Chair setting out specific writing assignments related to remaining compliance concerns, US DOE standards needing further review, and the QEP. This preliminary material also includes a draft visit itinerary that provides a beginning structure for the visit itself. These writing assignments will usually reflect the language of the relevant Standard (7.2), with reviewers being assigned primary or secondary responsibilities for analysis and writing in six basic areas. Reviewers will read the document, conduct on-campus interviews with appropriate institutional constituencies, and engage in discussions with other committee members in order to answer the following questions:

- Did the institution identify a topic through its ongoing, comprehensive planning and evaluation processes?
- Does the topic have broad-based support of institutional constituencies?
- Does the topic focus on improving specific student learning outcomes and/or student success?
- Has the institution committed resources to initiate, implement and complete the QEP?
- Does the QEP include a plan to assess achievement?

The review of the QEP is the responsibility of all members of the On-Site Reaffirmation Committee. Any recommendations the Committee might propagate will result from consensus decisions of the Committee as a whole. The QEP Lead Evaluator’s role on the Committee is one of leadership and coordination under the supervision of the Chair. While each Committee’s review of an institutional QEP will be tailored to the institution and the dynamics of the visit, the following thoughts serve as “good practices” to guide the Committee and its QEP Lead Evaluator in that review.

1. Before the visit
   a. Articulate some important questions about the QEP document and email these to other Committee members in advance of the Committee’s conference call.
   b. Be prepared to lead the Committee in a preliminary discussion of the QEP during the Committee’s conference call conducted in advance of the site visit.
   c. If appropriate, ask Committee members for their initial thoughts – or a first draft of their writing assignments – to prepare a draft report that can be modified during the visit itself.

2. During the visit
   a. Be prepared to meet with institutional representatives for ongoing discussions about the QEP. On the first day, in particular, the QEP Lead Evaluator may be the only Committee member whose schedule does not involve following up on remaining compliance or US DOE issues.
   b. Continue to provide helpful guidance to other members of the Committee that will engage the Committee in discussions leading to consensus in its analysis of the QEP. At the same time, be wary of imposing individual impressions or decisions on the rest of the Committee.
   c. Look for ways to provide consultative advice that will increase the institution’s ability to implement its QEP successfully.
   d. Lead the Committee’s discussions, where appropriate, to reach consensus on any recommendations that may need to address areas where the institution appears to have failed to comply with Standard 7.2.
3. Finishing the report/visit

a. Manage the process of preparing that section of the Reaffirmation Committee’s Report related to the QEP. The QEP Lead Evaluator should clearly understand the Chair’s timeline for completing the final draft of the report.

b. Compose the introductory section of the QEP report, as well as any other primary writing assignments.

c. Compile and edit drafts of the QEP report.

d. Be prepared to lead in the discussion of the QEP during the exit conference.
THE QUALITY ENHANCEMENT PLAN

Policy Statement

The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), requires its accredited institutions to undergo a comprehensive decennial review to ensure that each institution continues to meet member-driven standards of quality. These accreditation standards – formally adopted by member institutions – are found in The Principles of Accreditation: Foundations for Educational Quality. The comprehensive review includes the institutional submission of two documents: (1) a Compliance Certification and (2) A Quality Enhancement Plan (QEP). The following definitions and requirements apply as institutions submit their QEP for the On-Site Reaffirmation Committee’s review.

Definitions

The Compliance Certification is a document completed by the institution that demonstrates its judgment of the extent of its compliance with each of the Commission’s Core Requirements and other standards. The Off-Site Reaffirmation Committee conducts the initial review of this document and presents preliminary findings to the institution and the On-Site Reaffirmation Committee.

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Requirements

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The institution may choose to submit selected information about its QEP for review by the Off-Site Reaffirmation Committee. This information allows the Off-Site Reaffirmation Committee to provide an opinion as to whether the intended QEP appears to offer a reasonable attempt to comply with sections (a) and (c) of Standard 7.2 regarding the relationship of the QEP topic to the institutional planning process and the focus of the QEP on improving student learning outcomes and/or student success. The Off-Site Reaffirmation Committee may also choose to provide additional narrative feedback to the institution.
The entire QEP will be submitted to the On-Site Reaffirmation Committee concurrently with the institution's *Focused Report*. At that time, the QEP document will be reviewed to determine the institution's compliance with all of the parts of Standard 7.2 (*QEP*). The On-Site Reaffirmation Committee will also offer consultative advice to the institution, highlighting strengths of the plan/project and identifying possible challenges to the successful implementation and completion of the QEP. If the On-Site Reaffirmation Committee determines that the institution did not demonstrate compliance with all parts of the standard, the Committee will propagate one or more formal recommendations. The institution will provide a formal response to the SACSCOC Board of Trustees at the time of the Board's review. The Committee's consultative comments, on the other hand, are intended to add value for the institution; the institution may choose the best way to make use of such comments.

**Consultants during the planning process and development of the QEP**

SACSCOC does not require that an institution engage either an internal or external consultant in the process of developing its QEP. Such a decision is wholly the institution's and lies outside of the purview of SACSCOC. Whether or not the institution reports engaging such consultative services will have no bearing on the type or rigor of the review of the QEP conducted by SACSCOC peer review committees.

**QEP Lead Evaluator: Nomination and Selection**

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In order to protect the integrity of the process and of the institution, the institution nominating the QEP lead evaluator should be particularly sensitive to avoid even the potential appearance of impropriety that could result from personal or professional relationships between the nominee and institutional personnel, either past or present. Persons nominated should have special expertise in relation to the QEP and have no conflict of interest in connection with the evaluation. The conflict of interest policy of the Commission on Colleges applies to nominating the lead evaluator for the QEP (Please see the SACSCOC policy "Ethical Obligations of Evaluators").

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Assessment of Institutional Quality Enhancement – Fifth-Year Interim Report

Each member institution submits a Fifth-Year Interim Report to demonstrate compliance with selected standards of the *Principles of Accreditation*. A review of institutional initiatives related to enhancing student learning outcomes and/or student success is an integral part of that Fifth-Year Interim Report. Institutions are expected to provide a report on the impact of the Quality Enhancement Plan from their most recent reaffirmation for review by the Fifth-Year Interim Committee.

(Document History)

Approved: SACSCOC Board of Trustees, June 2018
(Replaced former SACSCOC Policy “QEP Lead Evaluator”)
Revised: SACSCOC Board of Trustees, December 2019
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Nominating and Selecting a QEP Lead Evaluator

Institutions should submit the names and pertinent information for at least two persons to their Commission staff representative. Track A (undergraduate) institutions should submit that information by April 1 before their On-Site visit. Track B (graduate) institutions should submit that information by October 1 before their On-Site visit. The institution should confirm that its first nominee is able and willing to serve on the On-Site Reaffirmation Committee in this role before submitting the nomination. When an institution submits nominations for the evaluator, it provides the following information to the Commission staff for each nominee at least three months before the on-site reaffirmation visit:

1. Name and contact information
2. Title
3. Institution or organization
4. Experience and special expertise
5. Rationale for selection and explanation of how the nominee’s expertise pertains to the QEP and its evaluation

The Commission staff member invites the individual and includes a copy of the Commission’s conflict of interest statement. In a positive response to the staff member’s invitation, the evaluator indicates that the statement was reviewed and that no conflict of interest exists for the institutional assignment. Should the first nominee be unacceptable or decline the invitation, Commission staff will notify the institution that the second person on the list will be invited to allow the institution to make an initial contact with that person in advance of the invitation.

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companion materials from the Commission staff or Committee Chair setting out specific writing assignments related to remaining compliance concerns, US DOE standards needing further review, and the QEP. This preliminary material also includes a draft visit itinerary that provides a beginning structure for the visit itself. These writing assignments will usually reflect the language of the relevant Standard (7.2), with reviewers being assigned primary or secondary responsibilities for analysis and writing in six basic areas. Reviewers will read the document, conduct on-campus interviews with appropriate institutional constituencies, and engage in discussions with other committee members in order to answer the following questions:

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- Does the topic have broad-based support of institutional constituencies?
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- Does the QEP include a plan to assess achievement?

The review of the QEP is the responsibility of all members of the On-Site Reaffirmation Committee. Any recommendations the Committee might propagate will result from consensus decisions of the Committee as a whole. The QEP Lead Evaluator’s role on the Committee is one of leadership and coordination under the supervision of the Chair. While each Committee’s review of an institutional QEP will be tailored to the institution and the dynamics of the visit, the following thoughts serve as “good practices” to guide the Committee and its QEP Lead Evaluator in that review.

1. Before the visit
   a. Articulate some important questions about the QEP document and email these to other Committee members in advance of the Committee’s conference call.
   b. Be prepared to lead the Committee in a preliminary discussion of the QEP during the Committee’s conference call conducted in advance of the site visit.
   c. If appropriate, ask Committee members for their initial thoughts – or a first draft of their writing assignments – to prepare a draft report that can be modified during the visit itself.

2. During the visit
   a. Be prepared to meet with institutional representatives for ongoing discussions about the QEP. On the first day, in particular, the QEP Lead Evaluator may be the only Committee member whose schedule does not involve following up on remaining compliance or US DOE issues.
   b. Continue to provide helpful guidance to other members of the Committee that will engage the Committee in discussions leading to consensus in its analysis of the QEP. At the same time, be wary of imposing individual impressions or decisions on the rest of the Committee.
   c. Look for ways to provide consultative advice that will increase the institution’s ability to implement its QEP successfully.
   d. Lead the Committee’s discussions, where appropriate, to reach consensus on any recommendations that may need to address areas where the institution appears to have failed to comply with Standard 7.2.
3. Finishing the report/visit

a. Manage the process of preparing that section of the Reaffirmation Committee's Report related to the QEP. The QEP Lead Evaluator should clearly understand the Chair's timeline for completing the final draft of the report.

b. Compose the introductory section of the QEP report, as well as any other primary writing assignments.

c. Compile and edit drafts of the QEP report.

d. Be prepared to lead in the discussion of the QEP during the exit conference.
ADMINISTRATIVE PROCEDURES FOR THE MEETINGS OF THE COMMITTEES ON COMPLIANCE AND REPORTS

Policy Statement

The Committees on Compliance and Reports—standing committees of the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)—are responsible for reviewing materials submitted by institutions and acting on the accreditation of institutions. As part of the process, the Committees on Compliance and Reports meet with representatives of institutions under the following circumstances:

1. If there is a significant possibility that Commission action could include any of the following appealable actions:
   - Denial of Candidacy for Initial Accreditation
   - Removal from Candidacy for Initial Accreditation
   - Denial of Initial Membership
   - Removal from Membership

2. If a meeting on the record has been requested by members of the Committees on Compliance and Reports, the Executive Council, or the President of SACSCOC.

Meetings on the record may result in a variety of actions, such as, reaffirmation (if appropriate), denial of reaffirmation and a sanction, continued accreditation with no sanction, continued accreditation with imposition or continuation of a sanction of Warning or Probation, denial of or removal from candidacy, or denial of or removal from membership. Final action on the accreditation status of institutions is taken only by SACSCOC Board of Trustees, subject to any appeals.

Procedures

The following procedures apply to meetings on the record conducted by any of the Committees on Compliance and Reports. The purpose of such a meeting is to seek clarification regarding information previously submitted to the Commission before developing a recommendation for Board of Trustee action.

1. The President of the SACS Commission on Colleges will notify an institution of a possible or of definite meeting on the record at least 20 days prior to the beginning of the meeting of the Committees on Compliance and Reports (C&R) so that the institution has ample time to prepare for the interview. For an institution invited for a definite meeting on the record in accord with a previous notification by the Commission or its President, the letter will indicate the confirmed date, time, and location of the meeting; the reason for the interview—the standards cited as being out of compliance; the guidelines and deadlines for submitting additional information or documents; and directions for
submitting the names of representatives appearing on behalf of an institution to ensure that the Commission receives the names ten working days in advance of the C&R meeting. For an institution notified of a possible meeting on the record pending a recommendation by C&R readers after a preliminary analysis of the case using documents provided by the Commission and the institution, the letter will indicate the reserved date, time, and location of the meeting; the reason for the possible interview—the standards cited as being out of compliance; the date by which the Commission will confirm whether there will be a meeting on the record (ten working days in advance of the C & R meeting); the guidelines and deadlines for submitting additional information or documents; and directions for submitting the names of representatives appearing on behalf of the institution to ensure that the Commission receives the names ten working days in advance of the C & R meeting.

Notification and confirmation of the meeting on the record are transmitted by fax-electronically to the chief executive officer of the institution; the original letter is sent by guaranteed mail.

2. The Chair of a Committee on Compliance and Reports presides during the meeting and is responsible for managing the session and ensuring that the Committee follows policies and procedures. The meeting on the record is structured as follows:

- The Committee Chair makes opening comments and outlines the procedures that will be used during the meeting on the record with the institution.
- The chief executive officer of the institution introduces institutional representatives and is provided a time-limited opportunity to discuss evidence of compliance outlined in documents and reports, submitted in advance by the institution that responds to issues of non-compliance to the standards identified in Commission visiting reports or in other documents submitted to the institution prior to the meeting on the record. An institution is expected to comply with Commission policy concerning deadlines for submission of information, and failure to do so may be a basis for sanction. An institution that presents to the Committee on Compliance and Reports unsolicited information or information not submitted in a timely manner will be deemed to have waived any objections that it may have to any adverse consequences that may arise from the Committee considering that information. The Committee, at its discretion, may consider such information during its deliberations or it may disregard such information.
- The chief executive officer’s opening comments normally will not exceed ten minutes. Additional time is also provided for the chief executive officer, or other institutional officers/trustees, to respond to questions raised by the chair or members of the Committee on Compliance and Reports. Responses by the institution shall be based on information previously submitted to the Committee.
- The Committee Chair makes concluding remarks.

3. The institution's chief executive officer represents the institution during the meeting on the record. The chief executive officer may select no more than four additional institutional employees, system employees, or board members to assist in responding to questions. If an institution plans to address financial issues, its accountant may be included as one of the four institutional representatives. Those selected must be able to attest to the institution's compliance with the Principles of Accreditation. Therefore, attendance by consultants or others under contract, or by public figures who are not employees or board members of the institution or system, is generally not appropriate. The chief executive officer has the right to have the institution's legal counsel attend the meeting so that counsel can provide advice should any factual or procedural issues arise.

If the institution should deem it essential that one of the five representatives be someone other than an institutional or system employee or board member, or an accountant, the institution's chief executive officer must submit a special request to the Chair of the Committee for permission for that person to appear before the Committee. This request should describe the substance of the information that this person is expected to provide and explain in detail why the institution's employees or board members
cannot present the same, relevant information. This request should accompany the list of selected representatives which is submitted to the Chair of this Committee through the Commission office usually ten working days in advance of a Committee meeting. The Chair of the Committee on Compliance and Reports may approve or disapprove such a request for any reason.

4. The deadline for submitting documents for consideration by the Committee on Compliance and Reports is ten working days prior to the meeting of the Board of Trustees or one of its standing Committees. The institution may not provide additional materials, including video and audio presentations, to the Committee during the meeting on the record. All documents referred to during the meeting must have been submitted by the date required. (See Commission policy “Deadlines for Reports and Profiles.”)

The President of SACSCOC may grant an exception to the deadline for submitting documents only in unusual circumstances and only for previously unavailable significant documents. In such cases, the institution must petition the President in writing and include copies of the documents.

5. The Commission on Colleges expects members of its Board of Trustees and its standing committees to recuse themselves from decisions pertaining to any institution when representatives of the institution have attempted to influence a Board member or a member of the Commission's standing committee regarding the institution's impending case. In addition, current and former Board of Trustees serving on the board of an institution reviewed during the meeting must not attempt to exert external influence on sitting Board members who will take action on the institution.

6. A Committee meeting with an institution is on the record and is recorded by a court reporter. A transcription of the meeting, which does not include the Committee’s deliberations, will be available to the institution for the cost of transcribing. The minutes of the Committee will record the names of those individuals representing the institution during the meeting and the accreditation action recommended by the Committee and forwarded to the Board of Trustees for final action.

Document History
Approved: Commission on Colleges, December 2003
Revised: Commission on Colleges, June 2006
Edited: December 2007, 2011
Reformatted: August 2014; August 2018
Procedures revised: December 2019
Policy Statement

The Committees on Compliance and Reports—standing committees of the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)—are responsible for reviewing materials submitted by institutions and acting on the accreditation of institutions. As part of the process, the Committees on Compliance and Reports meet with representatives of institutions under the following circumstances:

1. If there is a significant possibility that Commission action could include any of the following appealable actions:
   - Denial of Candidacy for Initial Accreditation
   - Removal from Candidacy for Initial Accreditation
   - Denial of Initial Membership
   - Removal from Membership

2. If a meeting on the record has been requested by members of the Committees on Compliance and Reports, the Executive Council, or the President of SACSCOC.

Meetings on the record may result in a variety of actions, such as, reaffirmation (if appropriate), denial of reaffirmation and a sanction, continued accreditation with no sanction, continued accreditation with imposition or continuation of a sanction of Warning or Probation, denial of or removal from candidacy, or denial of or removal from membership. Final action on the accreditation status of institutions is taken only by SACSCOC Board of Trustees, subject to any appeals.

Procedures

The following procedures apply to meetings on the record conducted by any of the Committees on Compliance and Reports. The purpose of such a meeting is to seek clarification regarding information previously submitted to the Commission before developing a recommendation for Board of Trustee action.

1. The President of the SACS Commission on Colleges will notify an institution of a possible or of definite meeting on the record at least 20 days prior to the beginning of the meeting of the Committees on Compliance and Reports (C&R) so that the institution has ample time to prepare for the interview. For an institution invited for a definite meeting on the record in accord with a previous notification by the Commission or its President, the letter will indicate the confirmed date, time, and location of the meeting; the reason for the interview—the standards cited as being out of compliance; the guidelines and deadlines for submitting additional information or documents; and directions for
submitting the names of representatives appearing on behalf of an institution to ensure that the Commission receives the names ten working days in advance of the C&R meeting. For an institution notified of a possible meeting on the record pending a recommendation by C&R readers after a preliminary analysis of the case using documents provided by the Commission and the institution, the letter will indicate the reserved date, time, and location of the meeting; the reason for the possible interview—the standards cited as being out of compliance; the date by which the Commission will confirm whether there will be a meeting on the record (ten working days in advance of the C & R meeting); the guidelines and deadlines for submitting additional information or documents; and directions for submitting the names of representatives appearing on behalf of the institution to ensure that the Commission receives the names ten working days in advance of the C & R meeting.

Notification and confirmation of the meeting on the record are transmitted electronically to the chief executive officer of the institution; the original letter is sent by guaranteed mail.

2. The Chair of a Committee on Compliance and Reports presides during the meeting and is responsible for managing the session and ensuring that the Committee follows policies and procedures. The meeting on the record is structured as follows:

- The Committee Chair makes opening comments and outlines the procedures that will be used during the meeting on the record with the institution.
- The chief executive officer of the institution introduces institutional representatives and is provided a time-limited opportunity to discuss evidence of compliance outlined in documents and reports, submitted in advance by the institution that responds to issues of non-compliance to the standards identified in Commission visiting reports or in other documents submitted to the institution prior to the meeting on the record. An institution is expected to comply with Commission policy concerning deadlines for submission of information, and failure to do so may be a basis for sanction. An institution that presents to the Committee on Compliance and Reports unsolicited information or information not submitted in a timely manner will be deemed to have waived any objections that it may have to any adverse consequences that may arise from the Committee considering that information. The Committee, at its discretion, may consider such information during its deliberations or it may disregard such information.
- The chief executive officer’s opening comments normally will not exceed ten minutes. Additional time is also provided for the chief executive officer, or other institutional officers/trustees, to respond to questions raised by the chair or members of the Committee on Compliance and Reports. Responses by the institution shall be based on information previously submitted to the Committee.
- The Committee Chair makes concluding remarks.

3. The institution's chief executive officer represents the institution during the meeting on the record. The chief executive officer may select no more than four additional institutional employees, system employees, or board members to assist in responding to questions. If an institution plans to address financial issues, its accountant may be included as one of the four institutional representatives. Those selected must be able to attest to the institution's compliance with the Principles of Accreditation. Therefore, attendance by consultants or others under contract, or by public figures who are not employees or board members of the institution or system, is generally not appropriate. The chief executive officer has the right to have the institution's legal counsel attend the meeting so that counsel can provide advice should any factual or procedural issues arise.

If the institution should deem it essential that one of the five representatives be someone other than an institutional or system employee or board member, or an accountant, the institution's chief executive officer must submit a special request to the Chair of the Committee for permission for that person to appear before the Committee. This request should describe the substance of the information that this person is expected to provide and explain in detail why the institution's employees or board members
cannot present the same, relevant information. This request should accompany the list of selected representatives which is submitted to the Chair of this Committee through the Commission office usually ten working days in advance of a Committee meeting. The Chair of the Committee on Compliance and Reports may approve or disapprove such a request for any reason.

4. The deadline for submitting documents for consideration by the Committee on Compliance and Reports is ten working days prior to the meeting of the Board of Trustees or one of its standing Committees. The institution may not provide additional materials, including video and audio presentations, to the Committee during the meeting on the record. All documents referred to during the meeting must have been submitted by the date required. (See Commission policy “Deadlines for Reports and Profiles.”)

The President of SACSCOC may grant an exception to the deadline for submitting documents only in unusual circumstances and only for previously unavailable significant documents. In such cases, the institution must petition the President in writing and include copies of the documents.

5. The Commission on Colleges expects members of its Board of Trustees and its standing committees to recuse themselves from decisions pertaining to any institution when representatives of the institution have attempted to influence a Board member or a member of the Commission’s standing committee regarding the institution’s impending case. In addition, current and former Board of Trustees serving on the board of an institution reviewed during the meeting must not attempt to exert external influence on sitting Board members who will take action on the institution.

6. A Committee meeting with an institution is on the record and is recorded by a court reporter. A transcription of the meeting, which does not include the Committee’s deliberations, will be available to the institution for the cost of transcribing. The minutes of the Committee will record the names of those individuals representing the institution during the meeting and the accreditation action recommended by the Committee and forwarded to the Board of Trustees for final action.

**Document History**

Approved: Commission on Colleges, December 2003
Revised: Commission on Colleges, June 2006
Edited: December 2007, 2011
Reformatted: August 2014, August 2018
Procedures revised: December 2019
REPORTS SUBMITTED FOR SACSCOC REVIEW

Policy Statement

Institutions accredited by SACSCOC are requested to submit various reports for review by an evaluation committee or the SACSCOC Board of Trustees. Those reports include:

- Compliance Certification
- Focused Report
- Quality Enhancement Plan
- Documentation for an Interim Off-Campus Instructional Sites Committee Review
- Documentation for a Substantive Change Committee Review
- Fifth-Year Interim Report
- Institutional Special Report
- Substantive Change Prospectus
- Response Report to the Visiting Committee
- Referral Report
- Follow-Up Report
- Monitoring Report

When submitting a report, an institution should follow the directions below, keeping in mind that the report will be reviewed by a number of readers, most of whom will be unfamiliar with the institution. The institution should also comply with the appropriate deadline for submitting the report. These deadlines may be found either published on the SACSCOC website or in formal correspondence from SACSCOC staff. Documentation for review by an Accreditation Committee, an On-Site Reaffirmation Committee, an Interim Off-Campus Instructional Sites Committee, or a Substantive Change Committee authorized to visit the institution is due to the members of the Committee and to SACSCOC staff six weeks before the start of the visit.

Procedures

Presentation of Reports

An institution may choose to submit any requested report in electronic (preferred) or print format. SACSCOC prefers that requested reports be submitted in electronic format. Should an institution determine that it has insufficient financial or human resources to produce and submit its reports in electronic format, that institution may request an exception from the President of SACSCOC to allow the report to be submitted in print format. Such a request must be made in writing to the SACSCOC President at least ninety (90) days prior to the deadline for submitting the report.

For electronic submissions, please comply with all steps outlined below:
1. Copy the report and all attachments onto the appropriate number of flash drives, in accordance with the number of requested copies of the report. Each flash drive should be labeled with the name of the institution and the title of the report. The preferred format is a PDF, and all hyperlinks in the narrative document should open documents stored on the flash drive itself. Documents should be bookmarked, indexed, and searchable. Printed documents should not be scanned to create a PDF. Since this process will result in a large file that is not searchable.

2. Each flash drive should be submitted in a separate paper or plastic envelope not smaller than 4 x 4 inches, and each envelope should be labeled with the name of the institution, the title of the report, and the list of document contents.

3. Provide the name, title, email address, and phone number of the institutional representative who can provide assistance if the readers have problems accessing the information.

4. Provide one print-copy/pdf copy of the response document narrative without the attachments supporting documentation.

For print submissions, copy all documents front and back, double-space the copy, and use no less than an 11 point font. If the report requires binding beyond stapling, do not submit the report in a three-ring binder. Rive binders are bulky and must be removed before mailing to the readers.

Other Useful Information

1. Provide a clear, complete, and concise report. If documentation is required, ensure that it is appropriate to demonstrating fulfillment of the requirement. Specify actions that have been taken and document their completion. Avoid vague responses indicating that the institution plans to address a problem in the future. If any actions remain to be accomplished, the institution should present an action plan, a schedule for accomplishing the plan, and evidence of commitment of resources for accomplishing the plan.

2. When possible, excerpt passages from text and incorporate the narrative into the report. Provide definitive evidence, not documents that only address the process (e.g., do not include copies of letters or memos with directives).

3. When possible and appropriate, provide samples of evidence of compliance rather than all documents pertaining to all activities associated with compliance.

4. Reread the report before submission and eliminate all narrative that is not relevant to the focus of the report. If sending electronic copies, ensure that all devices are virus free and have been reviewed for easy access by reviewers external to your institution.

Reports submitted for Committee Review

Compliance Certification

Accreditation Committee. Institutions seeking initial Accreditation will submit a Compliance Certification Report – including narrative and supporting documentation – addressing their compliance with all of the standards in the Principles of Accreditation except Standard 7.2 (Quality Enhancement Plan). The Compliance Certification Report should be submitted to every member of the Accreditation Committee (including SACSCOC staff) six (6) weeks before the start of the Committee’s visit. For further information, see the SACSCOC “Handbook for Institutions Seeking Initial Accreditation.”

Off-Site Reaffirmation Committee. Institutions seeking Reaffirmation of Accreditation will submit a Compliance Certification Report – including narrative and supporting documentation – addressing their compliance with the
standards in the *Principles of Accreditation*. The deadlines for submission of the Compliance Certification Report may be found in the "Timelines for Reaffirmation Tracks..." on the SACSCOC website.

**Template for the Compliance Certification Report**

Institutions should use the template for the Compliance Certification Report found on the Institutional Resources page of the SACSCOC website. Institutions will receive specific instructions for submitting their report to the members of the Off-Site Reaffirmation Committee before the deadline for submission.

**Presentation of the Compliance Certification Report**

Institutions may choose to submit their Compliance Certification Report electronically or in printed form.

1. **Electronic Submission (preferred).**—Institutions should submit their Compliance Certification narrative and supporting documentation on a self-contained USB flash drive. The preferred format is a pdf, and all hyperlinks in the narrative document should open documents stored on the flash drive itself rather than linking to external resources. Documents should be bookmarked, indexed, and searchable. Printed documents should not be scanned to create a pdf, as this process will result in a large file that is not searchable. Some third-party vendors offer the option of an html or pdf format; institutions should choose the pdf option; either format is acceptable, provided the documents are easy for peer reviewers to access and navigate.

Institutions should also include:

- An instruction document which contains (a) clear directions on how to access the electronic documents, (b) the name and contact information of a technical support person at the institution who can assist an evaluator experiencing difficulty accessing electronic information, and (c) the name and contact information of the person at the institution who will provide print materials if an evaluator requests such.
- A current "Institutional Summary Form Prepared for Commission Reviews"
- An organizational chart
- Current Catalog(s)

One copy of the institution’s submission should be sent to each member of the Off-Site Reaffirmation Committee, and two copies should be submitted to the institution’s SACSCOC Vice President’s office.

2. **Print Submission.**—Institutions may choose to submit their Compliance Certification narrative in printed form. The institution should take particular care to organize its submission so that evaluators can easily find relevant supporting documentation for each standard. In addition to the signed Compliance Certification document, the institution should provide:

- A current "Institutional Summary Form Prepared for Commission Reviews"
- An organizational chart
- Current Catalog(s)

One copy of the institution’s submission should be sent to each member of the Off-Site Reaffirmation Committee, and two copies should be submitted to the institution’s SACSCOC Vice President’s office.

3. **Additional Submission Requirements.** All institutions should send the following information to their SACSCOC Vice President’s office to enable the Commission to maintain its historical archive:

- One copy (pdf or print) of the institution’s Compliance Certification narrative *without supporting documentation*
- Two copies (pdf or print) of the most recent audit and any accompanying correspondence
- One copy (pdf or print) of the current "Institutional Summary Form Prepared for Commission Reviews"

A copy (pdf or print) of the institution’s most recent audit and any accompanying correspondence should also be sent to the Chair of the Off-Site Reaffirmation Committee and to the Committee’s Finance Evaluator (designated on the roster with an asterisk).
Focused Report

In preparation for the visit of the On-Site Reaffirmation Committee, institutions have the option of submitting a Focused Report addressing the preliminary findings of the Off-Site Reaffirmation Committee. As with the Compliance Certification, the institution may choose to submit the Focused Report in either electronic or print format.

1. **Electronic Submission (preferred).** Institutions should submit their Focused Report narrative and supporting documentation on a self-contained USB flash drive. The preferred format is a searchable pdf, and all hyperlinks in the narrative document should open documents stored on the flash drive itself rather than linking to external resources. Documents should be bookmarked, indexed, and searchable. Printed documents should not be scanned to create a pdf, as this process will result in a large file that is not searchable. Some third-party vendors offer the option of an html or pdf format; either format is acceptable, provided the documents are easy for peer reviewers to access and navigate.

Institutions should also include:

- An instruction document which contains (a) clear directions on how to access the electronic documents, (b) the name and contact information of a technical support person at the institution who can assist an evaluator experiencing difficulty accessing electronic information, and (c) the name and contact information of the person at the institution who will provide print materials if an evaluator requests such.
- A **current** “Institutional Summary Form Prepared for Commission Reviews.”
- The Compliance Certification narrative and supporting documentation (may be on a separate flash drive).

One copy of the institution’s submission should be sent to each member of the On-Site Reaffirmation Committee six (6) weeks before the start of the visit, including the institution’s SACSCOC Vice President.

2. **Print Submission.** Institutions may choose to submit their Focused Report in printed form. The institution should take particular care to organize its submission so that evaluators can easily find relevant supporting documentation for each standard. The institution should also include a **current** “Institutional Summary Form Prepared for Commission Reviews.” One copy of the institution’s submission should be sent to each member of the Off-Site Reaffirmation Committee, including the institution’s SACSCOC Vice President.

Quality Enhancement Plan

All institutions must submit a Quality Enhancement Plan document for review by the On-Site Reaffirmation Committee. The institution may choose to submit the QEP document in either electronic or print format.

4. **Electronic Submission (preferred).** Institutions should submit their QEP narrative and supporting documentation on a self-contained USB flash drive. The preferred format is a pdf, and all hyperlinks in the narrative document should open documents stored on the flash drive itself rather than linking to external resources. Documents should be bookmarked, indexed, and searchable. *Printed documents should not be scanned to create a pdf, as this process will result in a large file that is not searchable.* Some third-party vendors offer the option of an html or pdf format; either format is acceptable, provided the documents are easy for peer reviewers to access and navigate. Hyperlinks in the narrative document should open documents stored on the flash drive itself rather than linking to external resources. Documents should be bookmarked, indexed, and searchable. Printed documents should not be scanned to create a pdf, as this process will result in a large file that is not searchable. One copy of the institution’s QEP should be sent to each member of the On-Site Reaffirmation Committee, including the institution’s SACSCOC Vice President.

The QEP should be clear, succinct, and presented in a reader-friendly font. It may not exceed one hundred pages of size 11 Times New Roman font, including a narrative of no more than seventy-five pages and appendices of no
more than twenty-five pages. A page header, right aligned, should identify the institution; the footer, centered, should indicate the page number. The title of the QEP, the name of the institution, and the dates of the On-Site Review should be prominently displayed on the title page. Institutions may organize QEPs in whatever format best conveys the ideas of the project and addresses all of the components of the standard. One print copy of the QEP should be sent to the institution’s SACSCOC staff member.

2. **Print Submission.** Institutions may choose to submit their QEP in printed form. One copy of the institution’s submission should be sent to each member of the On-Site Reaffirmation Committee, including the institution’s SACSCOC Vice-President.

**Note:** Some evaluators may prefer to review a print copy of the institution’s QEP. Institutions which choose to submit their QEP document electronically may wish to offer the option of a print copy to members of their On-Site Reaffirmation Committee.

### Documentation for an Interim Off-Campus Instructional Sites Committee Review

In preparation for notifying institutions regarding their upcoming Fifth-Year Interim Review, SACSCOC staff will determine the number of new Off-Campus Instructional Sites (sites offering 50% or more of an educational program) that have been approved since the institution’s most recent comprehensive visit. If that number is five (5) or more, the institution will be required to host an Interim Off-Campus Instructional Sites Committee. That committee will conduct visits to a sampling of the institution’s new sites. Institutions will work with their SACSCOC Vice President to schedule the visit, usually in the fall for Track A institutions or in the spring for Track B institutions. Six (6) weeks before the visit of the Interim Off-Campus Instructional Sites Committee, institutions should submit the appropriate Documentation for an Interim Off-Campus Instructional Sites Committee Review. The institution may choose to submit its Documentation in either electronic or print format.

1. **Electronic Submission (preferred).** Institutions should submit their Documentation narrative and supporting documentation on a self-contained USB flash drive. The preferred format is a pdf, and all hyperlinks in the narrative document should open documents stored on the flash drive itself rather than linking to external resources. Documents should be bookmarked, indexed, and searchable. Printed documents should not be scanned to create a pdf, as this process will result in a large file that is not searchable. Some third-party vendors offer the option of an html or pdf format; either format is acceptable, provided the documents are easy for peer reviewers to access and navigate. One copy of the institution’s submission should be sent to each member of the Interim OCIS Committee, including the institution’s SACSCOC Vice President.

2. **Printed Submission.** Institutions may choose to submit their Documentation narrative and supporting documentation in printed form. The institution should take particular care to organize its submission so that evaluators can easily find relevant supporting documentation for each standard. One copy of the institution’s submission should be sent to each member of the Interim OCIS Committee, including the institution’s SACSCOC Vice President.

### Documentation for a Substantive Change Committee Review

Some types of substantive changes (e.g., Branch Campus, Merger/Consolidation, or Level Change) will require a Substantive Change Committee’s visit to review the institution’s ongoing compliance with the *Principles of Accreditation* within six months following the implementation of the change. Other types of substantive change may result in a Substantive Change Committee’s review being authorized, depending on the type of change and the nature of the institution. Six (6) weeks before the visit of the Substantive Change Committee, institutions should submit the appropriate Documentation for a Substantive Change Committee Review. The institution should choose the appropriate template from those available at [http://www.sacscoc.org/SubstantiveChangeCommitteeVisit.asp](http://www.sacscoc.org/SubstantiveChangeCommitteeVisit.asp). The institution may choose to submit its Documentation in either electronic or print format.

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*Note:* The text above is a sample of the content from the SACSCOC guidelines on QEP submission. The document aims to provide clear instructions on how to submit QEPs for on-site reviews and interim reviews for various types of changes, ensuring that evaluators can easily access and review the required information.
1. **Electronic Submission (preferred).** Institutions should submit their Documentation narrative and supporting documentation on a self-contained USB flash drive. All hyperlinks in the narrative document should open documents stored on the flash drive itself rather than linking to external resources. Documents should be bookmarked, indexed, and searchable. Printed documents should not be scanned to create a pdf, as this process will result in a large file that is not searchable. Some third-party vendors offer the option of an html or pdf format; either format is acceptable, provided the documents are easy for peer reviewers to access and navigate. The preferred format is a pdf, and all hyperlinks in the narrative document should open documents stored on the flash drive itself rather than linking to external resources. Documents should be bookmarked, indexed, and searchable. Printed documents should not be scanned to create a pdf, as this process will result in a large file that is not searchable. One copy of the institution's submission should be sent to each member of the Substantive Change Committee, including the institution's SACSOC Vice President.

2. **Printed Submission.** Institutions may choose to submit their Documentation narrative and supporting documentation in printed form. The institution should take particular care to organize its submission so that evaluators can easily find relevant supporting documentation for each standard. One copy of the institution's submission should be sent to each member of the Substantive Change Committee, including the institution's SACSOC Vice President.

**Fifth-Year Interim Report**

Member institutions are required to submit a Fifth-Year Interim Report for review by the Fifth-Year Interim Committee. This Report is submitted a little more than four years prior to an institution's next scheduled reaffirmation. Institutions are notified by letter regarding the timing and requirements of their Fifth-Year Interim Report; general information (including a timeline by reaffirmation class) may be found on the Commission's website ([http://www.sacscoc.org/FifthYear.asp](http://www.sacscoc.org/FifthYear.asp)). Institutions may choose to submit their Report in electronic or print format. Institutional representatives responsible for preparing and submitting the Fifth-Year Interim Report should follow carefully the instructions contained in the letter from SACSOC and those found in the Template for the Fifth-Year Interim Report.

1. **Electronic Submission (preferred).** Institutions should submit their Fifth-Year Interim Report narrative and supporting documentation on a self-contained USB flash drive. All hyperlinks in the narrative document should open documents stored on the flash drive itself rather than linking to external resources. Documents should be bookmarked, indexed, and searchable. Printed documents should not be scanned to create a pdf, as this process will result in a large file that is not searchable. Some third-party vendors offer the option of an html or pdf format; either format is acceptable, provided the documents are easy for peer reviewers to access and navigate. The preferred format is a pdf, and all hyperlinks in the narrative document should open documents stored on the flash drive itself rather than linking to external resources. Documents should be bookmarked, indexed, and searchable. Printed documents should not be scanned to create a pdf, as this process will result in a large file that is not searchable. Some third-party vendors offer the option of an html or pdf format; institutions should choose the pdf option.

Institutions should also include an instruction document which contains (a) clear directions on how to access the electronic documents, (b) the name and contact information of a technical support person at the institution who can assist an evaluator experiencing difficulty accessing electronic information, and (c) the name and contact information of the person at the institution who will provide print materials if an evaluator requests such.

2. **Print Submission.** Institutions may choose to submit their Compliance Certification narrative in printed form. The institution should take particular care to organize its submission so that evaluators can easily find relevant supporting documentation for each standard.

**Reports submitted for SACSOC staff and/or Board of Trustees Review**
**Substantive Change Prospectus/Application**

Member institutions may be required to submit an application or prospectus to seek approval of a substantive change (see SACSCOC Policy “Substantive Change for SACSCOC Accredited Institutions”). Depending on the nature of the substantive change submission, these documents will be reviewed by SACSCOC staff members or the SACSCOC Board of Trustees. Institutions may choose to submit the required documentation in either electronic or print format.

**Preparation of an Application or Prospectus**

The institution should follow the instructions found in the SACSCOC Policy “Substantive Change for SACSCOC Accredited Institutions.” Some substantive change applications will also require reference to other relevant SACSCOC policies.

**Presentation of Reports**

An institution may choose to submit the prospectus or application in electronic (preferred) or print format.

For electronic submissions, please comply with all steps outlined below:

1. Copy the report and all attachments onto a flash drive labeled with the name of the institution and the title of the report. All hyperlinks in the narrative document should open documents stored on the flash drive itself rather than linking to external resources. Documents should be bookmarked, indexed, and searchable. Printed documents should not be scanned to create a pdf, as this process will result in a large file that is not searchable. Some third-party vendors offer the option of an html or pdf format; either format is acceptable, provided the documents are easy for peer reviewers to access and navigate. The preferred format is a pdf, and all hyperlinks in the narrative document should open documents stored on the flash drive itself rather than linking to external resources. Documents should be bookmarked, indexed, and searchable. Printed documents should not be scanned to create a pdf, as this process will result in a large file that is not searchable.

2. Provide the name, title, email address, and phone number of the institutional representative who can provide assistance if the readers have problems accessing the information.

   **For print submissions**, copy all documents front and back, double-space the copy, and use no less than an 11-point font. If the report requires binding beyond stapling, do not submit the report in a three-ring binder. Ring binders are bulky and must be removed before mailing to the readers.

As SACSCOC implements its data-management system, institutions will be offered the option of submitting a Substantive Change prospectus electronically. Instructions for those submissions will be developed and published concurrently with the implementation of that aspect of the data-management system.

**Institutional Special Reports**

**Definition.** This type of Report addresses the institution’s ongoing compliance with one or more standards of the Principles of Accreditation identified during a review of a formal written complaint or unsolicited information (See SACSCOC Policies “Complaint Procedures Against SACSCOC or Its Accredited Institutions” and “Unsolicited Information”).

**Audience.** The Institutional Special Report is initially reviewed by the SACSCOC staff member assigned to the institution. That review may determine that there is sufficient evidence of the institution’s compliance with the standards in question and close the case. If, however, the review cannot find sufficient evidence to determine
compliance, the SACSCOC President may authorize a Special Committee to visit the institution and review ongoing compliance with the relevant standards. The Special Committee's Report and the Institutional Special Report would subsequently be reviewed by the SACSCOC Board of Trustees. Finally, the SACSCOC President may choose to forward the Institutional Special Report directly to the Board of Trustees. In either of these two last eventualities, the report is subject to the review procedures of the Commission's standing committees, including the initiation of a monitoring period, the imposition of a sanction, or a change of accreditation status.

**Report Presentation.** Structure the response so that it addresses the concerns described in the letter from SACSCOC in the order that they appeared. For each standard cited, (1) restate the number of the Core Requirement or Standard exactly as it appeared in the letter; (2) cite verbatim the current request of the Commission that is related to the standard cited (reference notification letter from SACSCOC); and (3) prepare a response to the finding.

**Due Date.** The Report is due on the date specified in the letter sent by SACSCOC. If a Special Committee has been authorized to visit the institution, the Report will be due to every member of the Committee and the SACSCOC staff member no later than four (4) weeks before the start of the visit. Requests for extensions to the date must be made to the SACSCOC President at least two weeks in advance of the original due date. *(See SACSCOC policy "Deadlines for Submitting Reports.")*

**Number of Copies.** See the letter from SACSCOC requesting the Report.

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**Reports submitted for SACSCOC Board of Trustees Review**

**Response Report to the Visiting Committee**

Any On-Site Reaffirmation Committee, Interim Off-Campus Instructional Sites Review Committee, Substantive Change Committee, or Special Committee may propagate recommendations, if it determines that the institution under review has not demonstrated compliance with one or more of the *Principles of Accreditation*. In preparation for review by the SACSCOC Board of Trustees, the institution should submit its Response Report addressing recommendation(s) included in the Committee's Report. A formal Transmittal Letter will be included with the Committee's Report transmitted from the SACSCOC Vice President's office to the institution's Chief Executive Officer. This Transmittal Letter provides vital information regarding the institution's Response Report, including the due date and number of copies required.

**Definition.** A Response Report addresses the findings of a visiting committee. It provides updated or additional documentation regarding the institution's compliance with the *Principles of Accreditation*.

**Audience.** The Response Report, along with the Committee Report and other documents, is reviewed by SACSCOC Board of Trustees and is subject to the review procedures of the Commission's standing committees, including the initiation of a monitoring period, the imposition of a sanction, or a change of accreditation status.

**Report Presentation.** Structure the response so that it addresses committee recommendations in the order that they appear in the report. For each recommendation, provide the number of the Core Requirement or Standard and state the recommendation exactly as it appears in the visiting committee report. Describe the committee's concerns that led to the recommendation by either summarizing the concerns or inserting verbatim the complete narrative in the report pertaining to the recommendation. Provide a response with documentation.

**Due Date and Number of Copies.** The Response Report is due on the day indicated in the transmittal letter from SACSCOC staff accompanying the visiting committee report. The transmittal letter will also indicate the number of copies that should be submitted.
Referral Report

**Definition.** This report addresses continued concerns of compliance identified by the Committee on Fifth-Year Interim Reports and referred to the SACSCOC Board of Trustees.

**Audience.** The Referral Report is reviewed by SACSCOC Board of Trustees and is subject to the review procedures of the Commission’s standing committees, including the initiation of a monitoring period, the imposition of a sanction, or a change of accreditation status.

**Report Presentation.** Structure the response so that it addresses the concerns described in the letter from the SACSCOC President in the order that they appeared. For each standard cited, (1) restate the number of the Core Requirement or Standard exactly as it appeared in the letter; (2) cite verbatim the current request of the Commission that is related to the standard cited (reference notification letter from the President of SACSCOC); and (3) prepare a response to the finding.

**Due Date.** The Referral Report is due on the date specified in the notification letter sent by the SACSCOC President. Requests for extensions to the date must be made to the President at least two weeks in advance of the original due date. *(See SACSCOC policy “Deadlines for Submitting Reports.”)*

**Number of Copies.** See the letter from the President of SACSCOC requesting the Report.

Follow-Up Report

**Definition.** Some member institutions are asked to submit a Follow-Up Report at during the same period as their Fifth-Year Interim Report will be reviewed. This report addresses ongoing compliance with one or more standards of the *Principles of Accreditation*, and institutions are usually asked to submit such a report when they encountered significant difficulties documenting compliance during their previous review.

**Audience.** The Follow-Up Report is reviewed by SACSCOC Board of Trustees and is subject to the review procedures of the Commission’s standing committees, including the initiation of a monitoring period, the imposition of a sanction, or a change of accreditation status.

**Report Presentation.** Structure the response so that it addresses the concerns described in the letter from the SACSCOC President in the order that they appeared. For each standard cited, (1) restate the number of the Core Requirement or Standard exactly as it appeared in the letter; (2) cite verbatim the current request of the Commission that is related to the standard cited (reference notification letter from the President of SACSCOC); and (3) prepare a response to the finding.

**Due Date.** The Fifth-Year Follow-Up Report is due on the date specified in the letter from the SACSCOC President requesting the Report (usually on the date Monitoring Reports are due for that meeting of the SACSCOC Board of Trustees). Requests for extensions to the date must be made to the President at least two weeks in advance of the original due date. *(See SACSCOC policy “Deadlines for Submitting Reports.”)*

**Number of Copies.** See the letter from the President of SACSCOC requesting the Report.

Monitoring Report

**Definition.** This Report address recommendations and continued concerns of compliance usually identified by the Committee on Compliance and Reports (C&R) or by the Executive Council and referred to the SACSCOC Board of Trustees. It follows the C&R Committee’s review of an institution’s response to a visiting committee report.
**Audience.** The Monitoring Report is reviewed by SACSCOC Board of Trustees and is subject to the review procedures of the Commission's standing committees, including the continuation of a monitoring period, the imposition of a sanction, or a change of accreditation status.

**Report Presentation.** Structure the response so that it addresses committee recommendations in the order that they appeared in the report. For each recommendation, (1) restate the number of the Core Requirement or Standard, the number of the recommendation, and the recommendation exactly as it appeared in the visiting committee report; (2) provide a brief history of responses to the recommendation if more than a first response (to include an accurate summary of the original concerns of the visiting committee, a summary of each previous institutional response and an explanation of what had been requested by the Commission); (3) cite verbatim the current request of the Commission that is related to the recommendation (reference notification letter from the President of SACSCOC); and (4) prepare a response to the recommendation.

**Due Date.** The Monitoring Report is due on the date specified in the notification letter sent by the SACSCOC President. Requests for extensions to the date must be made to the President at least two weeks in advance of the original due date. (See SACSCOC policy “Deadlines for Submitting Reports.”)

**Number of Copies.** See the letter from the President of SACSCOC requesting the Report.

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**Information Applicable to Reports submitted for review by the SACSCOC Board of Trustees**

**Preparation of a Title Page**

For any report requested for review by the SACSCOC Board of Trustees, an institution should prepare a title page that includes the following:
1. Name of the institution
2. Mailing address of the institution
3. Dates of the committee visit *(not applicable for the Referral Report or Fifth-Year Follow-Up Report)*
4. The type of report submitted
5. Name, title, and contact information for person(s) preparing the report

**Presentation of Reports**

An institution may choose to submit any requested report in electronic *(preferred)* or print format.

1. **For electronic submissions, please comply with all steps outlined below:**
   a. Copy the report and all attachments onto the appropriate number of flash drives, in accordance with the number of requested copies of the report. Each flash drive should be labeled with the name of the institution and the title of the report. The preferred format is a pdf, and all hyperlinks in the narrative document should open documents stored on the flash drive itself. Documents should be bookmarked, indexed, and searchable. Printed documents should not be scanned to create a pdf, as this process will result in a large file that is not searchable.
   b. Each flash drive should be submitted in a separate paper or plastic envelope not smaller than 4 x 4 inches, and each envelope should be labeled with the name of the institution, the title of the report, and the list of document contents.
   c. Provide the name, title, email address, and phone number of the institutional representative who can provide assistance if the readers have problems accessing the information.
Provide one print copy of the response without the attachments.

1. For print submissions, copy all documents front and back, double space the copy, and use no less than an 11-point font. If the report requires binding beyond stapling, do not submit the report in a three-ring binder. Ring binders are bulky and must be removed before mailing to the readers.

Other Useful Information

Provide a clear, complete, and concise report. If documentation is required, ensure that it is appropriate to demonstrating fulfillment of the requirement. Specify actions that have been taken and document their completion. Avoid vague responses indicating that the institution plans to address a problem in the future. If any actions remain to be accomplished, the institution should present an action plan, a schedule for accomplishing the plan, and evidence of commitment of resources for accomplishing the plan.

2. When possible, excerpt passages from text and incorporate the narrative into the report. Provide definitive evidence, not documents that only address the process (e.g., do not include copies of letters or memos with directives).

3. When possible and appropriate, provide samples of evidence of compliance rather than all documents pertaining to all activities associated with compliance.

4. Reread the report before submission and eliminate all narrative that is not relevant to the focus of the report. If sending electronic copies, ensure that all devices are virus free and have been reviewed for easy access by reviewers external to your institution.

Document History
Edited and Revised for the Principles of Accreditation: December 2003
Edited: June 2015, December 2017
Edited for the 2018 Edition of the Principles of Accreditation: August 2018
Revised: December 2018; June 2019
Procedures Revised: December 2019
REPORTS SUBMITTED FOR SACSCOC REVIEW

Policy Statement

Institutions accredited by SACSCOC are requested to submit various reports for review by an evaluation committee or the SACSCOC Board of Trustees. Those reports include:

- Compliance Certification
- Focused Report
- Quality Enhancement Plan
- Documentation for an Interim Off-Campus Instructional Sites Committee Review
- Documentation for a Substantive Change Committee Review
- Fifth-Year Interim Report
- Institutional Special Report
- Substantive Change Prospectus
- Response Report to the Visiting Committee
- Referral Report
- Follow-Up Report
- Monitoring Report

When submitting a report, an institution should follow the directions below, keeping in mind that the report will be reviewed by a number of readers, most of whom will be unfamiliar with the institution. The institution should also comply with the appropriate deadline for submitting the report. These deadlines may be found either published on the SACSCOC website or in formal correspondence from SACSCOC staff. Documentation for review by an Accreditation Committee, an On-Site Reaffirmation Committee, an Interim Off-Campus Instructional Sites Committee, or a Substantive Change Committee authorized to visit the institution is due to the members of the Committee and to SACSCOC staff six weeks before the start of the visit.

Procedures

Presentation of Reports

SACSCOC prefers that requested reports be submitted in electronic format. Should an institution determine that it has insufficient financial or human resources to produce and submit its reports in electronic format, that institution may request an exception from the President of SACSCOC to allow the report to be submitted in print format. Such a request must be made in writing to the SACSCOC President at least ninety (90) days prior to the deadline for submitting the report.

For electronic submissions, please comply with all steps outlined below:
1. Copy the report and all attachments onto the appropriate number of flash drives, in accordance with the number of requested copies of the report. Each flash drive should be labeled with the name of the institution and the title of the report. All hyperlinks in the narrative document should open documents stored on the flash drive itself. Documents should be bookmarked, indexed, and searchable. Printed documents should not be scanned to create a pdf, since this process will result in a large file that is not searchable.

2. Each flash drive should be submitted in a separate paper or plastic envelope not smaller than 4 x 4 inches, and each envelope should be labeled with the name of the institution, the title of the report, and the list of document contents.

3. Provide the name, title, email address, and phone number of the institutional representative who can provide assistance if the readers have problems accessing the information.

4. Provide one pdf copy of the document narrative without supporting documentation.

Other Useful Information

1. Provide a clear, complete, and concise report. If documentation is required, ensure that it is appropriate to demonstrating fulfillment of the requirement. Specify actions that have been taken and document their completion. Avoid vague responses indicating that the institution plans to address a problem in the future. If any actions remain to be accomplished, the institution should present an action plan, a schedule for accomplishing the plan, and evidence of commitment of resources for accomplishing the plan.

2. When possible, excerpt passages from text and incorporate the narrative into the report. Provide definitive evidence, not documents that only address the process (e.g., do not include copies of letters or memos with directives).

3. When possible and appropriate, provide samples of evidence of compliance rather than all documents pertaining to all activities associated with compliance.

4. Reread the report before submission and eliminate all narrative that is not relevant to the focus of the report. Ensure that all devices are virus free and have been reviewed for easy access by reviewers external to your institution.

Reports submitted for Committee Review

Compliance Certification

Accreditation Committee. Institutions seeking initial Accreditation will submit a Compliance Certification Report – including narrative and supporting documentation – addressing their compliance with all of the standards in the Principles of Accreditation except Standard 7.2 (Quality Enhancement Plan). The Compliance Certification Report should be submitted to every member of the Accreditation Committee (including SACSCOC staff) six (6) weeks before the start of the Committee’s visit. For further information, see the SACSCOC “Handbook for Institutions Seeking Initial Accreditation.”

Off-Site Reaffirmation Committee. Institutions seeking Reaffirmation of Accreditation will submit a Compliance Certification Report – including narrative and supporting documentation – addressing their compliance with the standards in the Principles of Accreditation. The deadlines for submission of the Compliance Certification Report may be found in the “Timelines for Reaffirmation Tracks...” on the SACSCOC website.

Template for the Compliance Certification Report
Institutions should use the template for the Compliance Certification Report found on the Institutional Resources page of the SACSCOC website. Institutions will receive specific instructions for submitting their report to the members of the Off-Site Reaffirmation Committee before the deadline for submission.
Presentation of the Compliance Certification Report
Institutions should submit their Compliance Certification narrative and supporting documentation on a self-contained USB flash drive. The preferred format is a pdf, and all hyperlinks in the narrative document should open documents stored on the flash drive itself rather than linking to external resources. Documents should be bookmarked, indexed, and searchable. Printed documents should not be scanned to create a pdf, as this process will result in a large file that is not searchable. Some third-party vendors offer the option of an html or pdf format; either format is acceptable, provided the documents are easy for peer reviewers to access and navigate.

Institutions should also include:
- An instruction document which contains (a) clear directions on how to access the electronic documents, (b) the name and contact information of a technical support person at the institution who can assist an evaluator experiencing difficulty accessing electronic information, and (c) the name and contact information of the person at the institution who will provide print materials if an evaluator requests such.
- A current “Institutional Summary Form Prepared for Commission Reviews”
- An organizational chart
- Current Catalog(s)

One copy of the institution’s submission should be sent to each member of the Off-Site Reaffirmation Committee, and two copies should be submitted to the institution’s SACSCOC Vice President’s office.

Additional Submission Requirements. All institutions should send the following information to their SACSCOC Vice President’s office to enable the Commission to maintain its historical archive:
- One copy (pdf) of the institution’s Compliance Certification narrative without supporting documentation
- Two copies (pdf) of the most recent audit and any accompanying correspondence
- One copy (pdf) of the current “Institutional Summary Form Prepared for Commission Reviews”

A copy (pdf) of the institution’s most recent audit and any accompanying correspondence should also be sent to the Chair of the Off-Site Reaffirmation Committee and to the Committee’s Finance Evaluator (designated on the roster with an asterisk).

Focused Report
In preparation for the visit of the On-Site Reaffirmation Committee, institutions have the option of submitting a Focused Report addressing the preliminary findings of the Off-Site Reaffirmation Committee. Institutions should submit their Focused Report narrative and supporting documentation on a self-contained USB flash drive. All hyperlinks in the narrative document should open documents stored on the flash drive itself rather than linking to external resources. Documents should be bookmarked, indexed, and searchable. Printed documents should not be scanned to create a pdf, as this process will result in a large file that is not searchable. Some third-party vendors offer the option of an html or pdf format; either format is acceptable, provided the documents are easy for peer reviewers to access and navigate.

Institutions should also include:
- An instruction document which contains (a) clear directions on how to access the electronic documents, (b) the name and contact information of a technical support person at the institution who can assist an evaluator experiencing difficulty accessing electronic information, and (c) the name and contact information of the person at the institution who will provide print materials if an evaluator requests such.
- A current “Institutional Summary Form Prepared for Commission Reviews”
- The Compliance Certification narrative and supporting documentation (may be on a separate flash drive)
One copy of the institution’s submission should be sent to each member of the On-Site Reaffirmation Committee six (6) weeks before the start of the visit, including the institution’s SACSCOC Vice President.

Quality Enhancement Plan

All institutions must submit a Quality Enhancement Plan document for review by the On-Site Reaffirmation Committee. Institutions should submit their QEP narrative and supporting documentation on a self-contained USB flash drive. All hyperlinks in the narrative document should open documents stored on the flash drive itself rather than linking to external resources. Documents should be bookmarked, indexed, and searchable. Printed documents should not be scanned to create a pdf, as this process will result in a large file that is not searchable. Some third-party vendors offer the option of an html or pdf format; either format is acceptable, provided the documents are easy for peer reviewers to access and navigate. One copy of the institution’s QEP should be sent to each member of the On-Site Reaffirmation Committee, including the institution’s SACSCOC Vice President.

The QEP should be clear, succinct, and presented in a reader-friendly font. It may not exceed one hundred pages of size 11 Times New Roman font, including a narrative of no more than seventy-five pages and appendices of no more than twenty-five pages. A page header, right aligned, should identify the institution; the footer, centered, should indicate the page number. The title of the QEP, the name of the institution, and the dates of the On-Site Review should be prominently displayed on the title page. Institutions may organize QEPs in whatever format best conveys the ideas of the project and addresses all of the components of the standard.

Note: Some evaluators may prefer to review a print copy of the institution’s QEP. Institutions may wish to offer the option of a print copy to members of their On-Site Reaffirmation Committee.

Documentation for an Interim Off-Campus Instructional Sites Committee Review

In preparation for notifying institutions regarding their upcoming Fifth-Year Interim Review, SACSCOC staff will determine the number of new Off-Campus Instructional Sites (sites offering 50% or more of an educational program) that have been approved since the institution’s most recent comprehensive visit. If that number is five (5) or more, the institution will be required to host an Interim Off-Campus Instructional Sites Committee. That committee will conduct visits to a sampling of the institution’s new sites. Institutions will work with their SACSCOC Vice President to schedule the visit, usually in the fall for Track A institutions or in the spring for Track B institutions. Six (6) weeks before the visit of the Interim Off-Campus Instructional Sites Committee, institutions should submit the appropriate Documentation for an Interim Off-Campus Instructional Sites Committee Review.

Institutions should submit their Documentation narrative and supporting documentation on a self-contained USB flash drive. The preferred format is a pdf, and all hyperlinks in the narrative document should open documents stored on the flash drive itself rather than linking to external resources. Documents should be bookmarked, indexed, and searchable. Printed documents should not be scanned to create a pdf, as this process will result in a large file that is not searchable. Some third-party vendors offer the option of an html or pdf format; either format is acceptable, provided the documents are easy for peer reviewers to access and navigate. One copy of the institution’s submission should be sent to each member of the Interim OCIS Committee, including the institution’s SACSCOC Vice President.

Documentation for a Substantive Change Committee Review

Some types of substantive changes (e.g., Branch Campus, Merger/Consolidation, or Level Change) will require a Substantive Change Committee’s visit to review the institution’s ongoing compliance with the Principles of Accreditation within six months following the implementation of the change. Other types of substantive change may result in a Substantive Change Committee’s review being authorized, depending on the type of change and the nature of the institution. Six (6) weeks before the visit of the Substantive Change Committee, institutions should
submit the appropriate Documentation for a Substantive Change Committee Review. The institution should choose the appropriate template from those available at [http://www.sacscoc.org/SubstantiveChangeCommitteeVisit.asp](http://www.sacscoc.org/SubstantiveChangeCommitteeVisit.asp).

Institutions should submit their Documentation narrative and supporting documentation on a self-contained USB flash drive. All hyperlinks in the narrative document should open documents stored on the flash drive itself rather than linking to external resources. Documents should be bookmarked, indexed, and searchable. Printed documents should not be scanned to create a pdf, as this process will result in a large file that is not searchable. Some third-party vendors offer the option of an html or pdf format; either format is acceptable, provided the documents are easy for peer reviewers to access and navigate. One copy of the institution’s submission should be sent to each member of the Substantive Change Committee, including the institution’s SACSCOC Vice President.

**Fifth-Year Interim Report**

Member institutions are required to submit a Fifth-Year Interim Report for review by the Fifth-Year Interim Committee. This Report is submitted a little more than four years prior to an institution’s next scheduled reaffirmation. Institutions are notified by letter regarding the timing and requirements of their Fifth-Year Interim Report; general information (including a timeline by reaffirmation class) may be found on the Commission’s website ([http://www.sacscoc.org/FifthYear.asp](http://www.sacscoc.org/FifthYear.asp)). Institutions may choose to submit their Report in electronic or print format. Institutional representatives responsible for preparing and submitting the Fifth-Year Interim Report should follow carefully the instructions contained in the letter from SACSCOC and those found in the Template for the Fifth-Year Interim Report.

Institutions should submit their Fifth-Year Interim Report narrative and supporting documentation on a self-contained USB flash drive. All hyperlinks in the narrative document should open documents stored on the flash drive itself rather than linking to external resources. Documents should be bookmarked, indexed, and searchable. Printed documents should not be scanned to create a pdf, as this process will result in a large file that is not searchable. Some third-party vendors offer the option of an html or pdf format; either format is acceptable, provided the documents are easy for peer reviewers to access and navigate.

Institutions should also include an instruction document which contains (a) clear directions on how to access the electronic documents, (b) the name and contact information of a technical support person at the institution who can assist an evaluator experiencing difficulty accessing electronic information, and (c) the name and contact information of the person at the institution who will provide print materials if an evaluator requests such.

**Reports submitted for SACSCOC staff and/or Board of Trustees Review**

**Substantive Change Prospectus/Application**

Member institutions may be required to submit an application or prospectus to seek approval of a substantive change (see SACSCOC Policy “Substantive Change for SACSCOC Accredited Institutions”). Depending on the nature of the substantive change submission, these documents will be reviewed by SACSCOC staff members or the SACSCOC Board of Trustees.

**Preparation of an Application or Prospectus**

The institution should follow the instructions found in the SACSCOC Policy “Substantive Change for SACSCOC Accredited Institutions.” Some substantive change applications will also require reference to other relevant SACSCOC policies.

**Presentation of Reports**

An institution’s prospectus or application should comply with all steps outlined below:
1. Copy the report and all attachments onto a flash drive labeled with the name of the institution and the title of the report. All hyperlinks in the narrative document should open documents stored on the flash drive itself rather than linking to external resources. Documents should be bookmarked, indexed, and searchable. Printed documents should not be scanned to create a pdf, as this process will result in a large file that is not searchable. Some third-party vendors offer the option of an html or pdf format; either format is acceptable, provided the documents are easy for peer reviewers to access and navigate.

2. Provide the name, title, email address, and phone number of the institutional representative who can provide assistance if the readers have problems accessing the information.

As SACSCOC implements its data-management system, institutions will be offered the option of submitting a Substantive Change prospectus electronically. Instructions for those submissions will be developed and published concurrently with the implementation of that aspect of the data-management system.

Institutional Special Reports

Definition. This type of Report addresses the institution’s ongoing compliance with one or more standards of the Principles of Accreditation identified during a review of a formal written complaint or unsolicited information (See SACSCOC Policies “Complaint Procedures Against SACSCOC or Its Accredited Institutions” and “Unsolicited Information”).

Audience. The Institutional Special Report is initially reviewed by the SACSCOC staff member assigned to the institution. That review may determine that there is sufficient evidence of the institution’s compliance with the standards in question and close the case. If, however, the review cannot find sufficient evidence to determine compliance, the SACSCOC President may authorize a Special Committee to visit the institution and review ongoing compliance with the relevant standards. The Special Committee’s Report and the Institutional Special Report would subsequently be reviewed by the SACSCOC Board of Trustees. Finally, the SACSCOC President may choose to forward the Institutional Special Report directly to the Board of Trustees. In either of these two last eventualities, the report is subject to the review procedures of the Commission’s standing committees, including the initiation of a monitoring period, the imposition of a sanction, or a change of accreditation status.

Report Presentation. Structure the response so that it addresses the concerns described in the letter from SACSCOC in the order that they appeared. For each standard cited, (1) restate the number of the Core Requirement or Standard exactly as it appeared in the letter; (2) cite verbatim the current request of the Commission that is related to the standard cited (reference notification letter from SACSCOC); and (3) prepare a response to the finding.

Due Date. The Report is due on the date specified in the letter sent by SACSCOC. If a Special Committee has been authorized to visit the institution, the Report will be due to every member of the Committee and the SACSCOC staff member no later than four (4) weeks before the start of the visit. Requests for extensions to the date must be made to the SACSCOC President at least two weeks in advance of the original due date. (See SACSCOC policy “Deadlines for Submitting Reports.”)

Number of Copies. See the letter from SACSCOC requesting the Report.

Reports submitted for SACSCOC Board of Trustees Review

Response Report to the Visiting Committee

Any On-Site Reaffirmation Committee, Interim Off-Campus Instructional Sites Review Committee, Substantive Change Committee, or Special Committee may propagate recommendations, if it determines that the institution under review has not demonstrated compliance with one or more of the Principles of Accreditation. In preparation
for review by the SACSCOC Board of Trustees, the institution should submit its Response Report addressing recommendation(s) included in the Committee’s Report. A formal Transmittal Letter will be included with the Committee’s Report transmitted from the SACSCOC Vice President’s office to the institution’s Chief Executive Officer. This Transmittal Letter provides vital information regarding the institution’s Response Report, including the due date and number of copies required.

**Definition.** A Response Report addresses the findings of a visiting committee. It provides updated or additional documentation regarding the institution’s compliance with the *Principles of Accreditation*.

**Audience.** The Response Report, along with the Committee Report and other documents, is reviewed by SACSCOC Board of Trustees and is subject to the review procedures of the Commission’s standing committees, including the initiation of a monitoring period, the imposition of a sanction, or a change of accreditation status.

**Report Presentation.** Structure the response so that it addresses committee recommendations in the order that they appear in the report. For each recommendation, provide the number of the Core Requirement or Standard and state the recommendation exactly as it appears in the visiting committee report. Describe the committee’s concerns that led to the recommendation by either summarizing the concerns or inserting verbatim the complete narrative in the report pertaining to the recommendation. Provide a response with documentation.

**Due Date and Number of Copies.** The Response Report is due on the day indicated in the transmittal letter from SACSCOC staff accompanying the visiting committee report. The transmittal letter will also indicate the number of copies that should be submitted.

**Referral Report**

**Definition.** This report addresses continued concerns of compliance identified by the Committee on Fifth-Year Interim Reports and referred to the SACSCOC Board of Trustees.

**Audience.** The Referral Report is reviewed by SACSCOC Board of Trustees and is subject to the review procedures of the Commission’s standing committees, including the initiation of a monitoring period, the imposition of a sanction, or a change of accreditation status.

**Report Presentation.** Structure the response so that it addresses the concerns described in the letter from the SACSCOC President in the order that they appeared. For each standard cited, (1) restate the number of the Core Requirement or Standard exactly as it appeared in the letter; (2) cite verbatim the current request of the Commission that is related to the standard cited (reference notification letter from the President of SACSCOC); and (3) prepare a response to the finding.

**Due Date.** The Referral Report is due on the date specified in the notification letter sent by the SACSCOC President. Requests for extensions to the date must be made to the President at least two weeks in advance of the original due date. (*See SACSCOC policy “Deadlines for Submitting Reports.”*)

**Number of Copies.** See the letter from the President of SACSCOC requesting the Report.

**Follow-Up Report**

**Definition.** Some member institutions are asked to submit a Follow-Up Report at during the same period as their Fifth-Year Interim Report will be reviewed. This report addresses ongoing compliance with one or more standards of the *Principles of Accreditation*, and institutions are usually asked to submit such a report when they encountered significant difficulties documenting compliance during their previous review.
**Audience.** The Follow-Up Report is reviewed by SACSCOC Board of Trustees and is subject to the review procedures of the Commission's standing committees, including the initiation of a monitoring period, the imposition of a sanction, or a change of accreditation status.

**Report Presentation.** Structure the response so that it addresses the concerns described in the letter from the SACSCOC President in the order that they appeared. For each standard cited, (1) restate the number of the Core Requirement or Standard exactly as it appeared in the letter; (2) cite verbatim the current request of the Commission that is related to the standard cited (reference notification letter from the President of SACSCOC); and (3) prepare a response to the finding.

**Due Date.** The Fifth-Year Follow-Up Report is due on the date specified in the letter from the SACSCOC President requesting the Report (usually on the date Monitoring Reports are due for that meeting of the SACSCOC Board of Trustees). Requests for extensions to the date must be made to the President at least two weeks in advance of the original due date. *(See SACSCOC policy “Deadlines for Submitting Reports.”)*

**Number of Copies.** See the letter from the President of SACSCOC requesting the Report.

**Monitoring Report**

**Definition.** This Report address recommendations and continued concerns of compliance usually identified by the Committee on Compliance and Reports (C&R) or by the Executive Council and referred to the SACSCOC Board of Trustees. It follows the C&R Committee’s review of an institution’s response to a visiting committee report.

**Audience.** The Monitoring Report is reviewed by SACSCOC Board of Trustees and is subject to the review procedures of the Commission’s standing committees, including the continuation of a monitoring period, the imposition of a sanction, or a change of accreditation status.

**Report Presentation.** Structure the response so that it addresses committee recommendations in the order that they appeared in the report. For each recommendation, (1) restate the number of the Core Requirement or Standard, the number of the recommendation, and the recommendation exactly as it appeared in the visiting committee report; (2) provide a brief history of responses to the recommendation if more than a first response (to include an accurate summary of the original concerns of the visiting committee, a summary of each previous institutional response and an explanation of what had been requested by the Commission); (3) cite verbatim the current request of the Commission that is related to the recommendation (reference notification letter from the President of SACSCOC); and (4) prepare a response to the recommendation.

**Due Date.** The Monitoring Report is due on the date specified in the notification letter sent by the SACSCOC President. Requests for extensions to the date must be made to the President at least two weeks in advance of the original due date. *(See SACSCOC policy “Deadlines for Submitting Reports.”)*

**Number of Copies.** See the letter from the President of SACSCOC requesting the Report.

**Preparation of a Title Page**

For any report requested for review by the SACSCOC Board of Trustees, an institution should prepare a title page that includes the following:
1. Name of the institution
2. Mailing address of the institution
3. Dates of the committee visit *(not applicable for the Referral Report or Fifth-Year Follow-Up Report)*
4. The type of report submitted
5. Name, title, and contact information for person(s) preparing the report