

Application and Candidacy Review Cycle and Monitoring Procedures

Effective Date: September 1, 2020

Contents

- I. Purpose
- II. Procedures for Determination of Eligibility to Apply (Pre-Application)
- III. Procedures for Review of the Application for Candidate for Accreditation Status
- IV. Procedures for Grant of Candidate for Accreditation Status
- V. Procedures for Grant of Accreditation
- VI. Procedures for Voluntarily Withdrawing from the Application Process
- VII. Definitions

I. Purpose

The Middle States Commission on Higher Education (MSCHE or the Commission) seeks to ensure that the process for institutions of higher education applying for candidate for accreditation status is rigorous, consistent, and equitable. The purpose of these procedures is to implement the Commission's *Application and Candidacy Review Cycle and Monitoring Policy* and describe the procedures and timeline for each component of the application and candidacy review cycle. Additional information about reviews, reports, and visits can be found in [Accreditation Activities Guidelines](#).

II. Procedures for Determination of Eligibility to Apply (Pre-application)

- A. An authorized representative, as defined in Section IV, from an interested institution of higher education will contact the Commission staff to initiate the application process.
- B. The institution will complete the pre-applicant inquiry form and designate authorized representatives from the institution as key contacts to communicate with the Commission, including the Chief Executive Officer (CEO) and an Application Manager.
 - 1. The Application Manager will serve as the primary key contact throughout the application process.
 - 2. The selected individual should be in regular and direct communication with the institution's Chief Executive Officer (CEO)/ president regarding the institution's application for Candidate for Accreditation Status.
 - 3. The selected individual should have adequate time, knowledge, and authority to communicate with the Commission about the application and speak on behalf of the institution.
 - 4. The institution will update the Commission at any time if there are changes to any designated key contact.
- C. The Commission will invoice the institution for the appropriate fee and the institution will remit the payment in accordance with the Commission's *Dues and Fees Policy* and

Procedures.

- D. The Commission staff will provide the Application Manager with information about how to submit the required information.
- E. Pre-Applicant Minimum Requirements Reports must be submitted according to the following deadlines:

Submission deadline

December 1

April 1

July 1

Oct 1

- F. The institution will submit the *Pre-Applicant Minimum Requirements Report* along with all required evidence. The institution will submit sufficient, accurate, and verifiable information to demonstrate that it meets the following minimum requirements:
 - 1. The institution must be legally authorized or licensed, from an appropriate governmental organization or agency to operate as a postsecondary educational institution and must award postsecondary degrees or hold proper legal exemption in accordance with Requirement of Affiliation No. 1 and federal regulation *34 CFR § 602.28(a)*.¹
 - 2. The institution must be in good standing with no current non-compliance, adverse or the equivalent type of action with the state or other accreditors in accordance with federal regulation *34 CFR § 602.28(b)*.
 - 3. The institution must be operational, with students actively enrolled in its degree programs;
 - 4. The institution must have a mission statement and related goals that define its purposes within the context of higher education;
 - 5. The institution must have a governance and administration structure that allows it to have education as its primary purpose and operate as an academic institution with appropriate autonomy.
 - 6. The institution must have documented financial resources, funding base, and plans for financial development, including those from any related entities (including without limitation systems, religious sponsorship, and corporate ownership) adequate to support its educational purposes and programs and to ensure financial stability.
 - 7. The institution must review the *Certifications and Disclosures Statement* and certify that the information provided throughout the application process is accurate, honest, and truthful.
- G. The Commission staff will review the submission to ensure that all required information was submitted.
 - 1. If additional evidence is needed, the Commission staff will notify the institution.
 - 2. The institution will submit all requested additional evidence according to established deadlines.
 - 3. If the institution does not provide the requested additional evidence by the

¹ The Commission will accept applications from institutions of higher education with legal authorization from select jurisdictions outside the United States as of January 1, 2021.

established deadline, the pre-application will expire six months after the date of submission of the *Pre-Applicant Minimum Requirements Report*. The institution may choose to reapply by submitting a new *Pre-Applicant Minimum Requirements Report* and Pre-Applicant Inquiry Fee at any time.

- H. Upon receipt of a materially complete pre-application, the Commission will assign a Commission staff liaison with no known conflicts of interest to serve as liaison for the applicant institution.
 - 1. The role of the Commission staff liaison is to provide advice and guidance throughout the application process.
 - 2. An institution's compliance with the liaison's advice and guidance does not guarantee that the Commission will grant any accreditation status to the institution. The decision to grant Candidate for Accreditation Status is made by the Commission according to the accreditation decision-making process.
- I. The Commission will assign Commission representatives in accordance with *Peer Evaluators Policy and Procedures*.
 - 1. The Commission will initially select at least two members from the Committee on Applicant and Candidate Institutions.
 - 2. The Commission will assign a lead evaluator who is responsible for handling all logistics, communicating with the institution and the Commission staff, and finalizing and submitting reports.
 - 3. The Commission will make available to the institution the team roster with a list of the Commission representatives.
 - 4. The institution will affirm that there is no conflict of interest with the proposed team roster within 10 calendar days.
- J. The Commission representatives will review the materials may request additional evidence that is required to clarify or verify information.
 - 1. The Commission representatives will create a list of specific documents and forward the list to the institution according to established deadlines.
 - 2. The institution will submit all additional evidence requested according to established deadlines.
 - 3. If requested additional information is not yet available, the institution may request a delay not to exceed one year or the institution may withdraw the pre-application.
 - 4. If the institution does not provide additional information and does not delay or withdraw the pre-application, the pre-application will expire six months after the date of the submission of the *Pre-Applicant Minimum Requirements Report*. The institution may choose to reapply by submitting a new Pre-Applicant Minimum Requirements Report and Pre-Applicant Inquiry Fee at any time.
- K. The institution will host an on-site Pre-Applicant Site Visit by at least one of the Commission representatives assigned to the review.
 - 1. The Commission staff liaison may accompany the Commission representatives on the visit.
 - 2. The purpose of the on-site visit is to verify the information submitted by the

institution in the *Pre-Applicant Minimum Requirements Report*.

- L. The Commission representative(s) will submit travel expenses in accordance with the Commission's *Travel Policy and Procedures*.
- M. The Commission will invoice the institution for the appropriate fee, travel expenses, and honoraria and the institution will remit the payment in accordance with the Commission's *Dues and Fees Policy and Procedures*.
- N. Upon completion of the visit, the Commission representatives will determine if: a) the institution appears to meet the minimum requirements; b) the institution demonstrates readiness to continue the application process; and c) the institution is otherwise disqualified from proceeding with the pre-application process based on the pre-application and evidence provided. The Commission reserves the right to reject an applicant institution for any of the areas addressed in the *Certifications and Disclosures Statement* which is part of the *Pre-Applicant Minimum Requirements Report*.
- O. Commission representatives will complete and submit the *Pre-Applicant Minimum Requirements Review Report*, summarizing their findings according to the instructions and established deadlines provided by the Commission staff. The report includes the action that the Commission representatives are proposing to the next level of accreditation decision-making.
- P. The Commission, through its multi-level accreditation decision making process, will analyze all of the accreditation materials related to the review and any other appropriate and substantiated information available to it.
 - 1. The lead evaluator will summarize the findings at the next level of accreditation decision-making. The lead evaluator will receive instruction from the Commission staff about this process.
 - 2. The Committee will make one of the following recommendations to the Commission.
 - a. To allow the institution to submit an application when the pre-applicant institution has demonstrated that it meets the minimum requirements.
 - b. To decline to review the application when the pre-applicant institution has not demonstrated that it meets the minimum requirements.
 - i. This is not an adverse action and is therefore, not subject to appeal.
 - ii. After taking at least one year to review its readiness and make necessary changes and improvements, the institution may choose to reapply and resubmit a new *Pre-Applicant Minimum Requirements Report* and Pre-Applicant Inquiry Fee.
- Q. The Commission will take action in accordance with the *Accreditation Actions Policy and Procedures*.

- R. The Commission will provide notification of accreditation actions in accordance with *Communication in the Accreditation Process Policy and Procedures* and federal regulation 34 CFR § 602.26.

III. Procedures for Review of the Application for Candidate for Accreditation Status

- A. The institution will submit a Letter of Intent to Apply, on institutional letterhead, addressed to the President of the Commission, signed by the institution's chief executive officer and chair of the governing board, stating that the institution is formally seeking Candidate for Accreditation Status with the Middle States Commission on Higher Education.
- B. The Commission staff liaison will develop a preliminary schedule for the application based on submission deadlines. The application must be submitted within one year of the date of the Letter of Intent or the application will expire.
1. The preliminary schedule identifies established deadlines for key milestones.
 2. The schedule may be adjusted at the discretion of the Commission staff.
 3. The Commission will accept applications according the following timetable.

Submission deadline

December 1

April 1

July 1

Oct 1

- C. The Commission staff will schedule an Information Session with the institution's leadership.
1. The Information Session is mandatory and is designed to (1) review the Commission's Bylaws and membership roles and responsibilities; (2) review the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements; (3) share MSCHE requirements and expectations for the application process; (4) discuss the feedback on the *Pre-Applicant Minimum Requirements Review Report*; and (5) review a preliminary schedule for submission of an application for candidate for accreditation status.
 2. Neither this action nor the institution's compliance with any advice guarantees that the Commission will grant any accreditation status to the institution.
 3. The Commission staff will host the institution's representatives virtually or at the Commission offices in Philadelphia, PA.
- D. The Commission will invoice the institution for the appropriate fee and the institution will remit the payment in accordance with the Commission's *Dues and Fees Policy and Procedures*.
- E. The institution will complete the Applicant Annual Institutional Update (AIU) in accordance with instructions and established deadlines provided by the Commission staff.
- F. The institution will begin to draft and compile the required Accreditation Readiness Report (ARR), which must be thorough, analytical, and complete pursuant to the instructions

provided by the Commission staff.

1. The institution will develop a brief narrative describing compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements.
2. Supporting evidence will clearly and concisely document and support the narrative.
 - a. The institution will use appropriate excerpts or isolate specific pages rather than provide lengthy documents.
 - b. The institution will specifically reference all supporting evidence within the narrative so that the relevance of the evidence is explicit.

G. The institution will host the Applicant Commission Liaison Visit, a one-day visit to the campus by the Commission staff liaison. The purpose of the visit is to review and discuss the information in the draft ARR, determine if the draft is adequate to support the work of the team, and verify that the institution is ready to continue the application for candidate status process.

1. The Commission staff liaison will work with the key contacts at the institution to schedule the visit and develop a proposed visit schedule or agenda.
2. The visit schedule may be adjusted at the discretion of the Commission staff.
3. The visit schedule should include time to interview campus constituencies (including key administrators, governing board members, faculty, staff, students, and representatives of a related entity, if applicable) and complete a tour of the main campus.

H. The Commission will invoice the institution for the appropriate fee and travel expenses and the institution will remit the payment in accordance with the Commission's *Dues and Fees Policy and Procedures*.

I. The Commission staff will assign peer evaluators in accordance with the Commission's *Peer Evaluators Policy and Procedures*.

1. The Commission will assign a Team Chair who is responsible for handling all logistics, communicating with the institution and the Commission staff, and finalizing and submitting reports. The remaining peer evaluators are selected from an existing pool.
2. The Commission will make available to the institution the proposed team roster with a list of the peer evaluators.
3. The institution will affirm that there is no conflict of interest with the proposed team roster within 10 calendar days.

J. The institution will submit the ARR and evidence in accordance with the instructions and established deadlines provided by the Commission staff.

K. If the institution is not able to meet the established deadlines, it has the following options:

1. The application will expire upon the established deadline. The institution will receive notification of the expiration.
2. The institution may request to delay the due date not to exceed one year pursuant to Commission policy and procedures.

3. The institution may withdraw its application at any time pursuant to section VI of these procedures.
 4. After taking at least one year to review its readiness and make necessary changes and improvements, the institution may choose to reapply and resubmit a new Pre-Applicant Minimum Requirements Report and Pre-Applicant Inquiry Fee.
- L. The Commission staff will acknowledge receipt of the application materials.
- M. The Commission will invoice the institution for the appropriate fee and the institution will remit the payment in accordance with Commission's *Dues and Fees Policy and Procedures*.
- N. Peer evaluators will review the ARR to determine if the institution appears to meet the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements and is ready to host an Applicant Assessment Team Visit.
- O. The review of an application necessitates careful consideration of academic, financial, and legal matters, and it may take as long as one year to complete the review.
- P. Peer evaluators may request an updated ARR or additional evidence as required to clarify information or verify compliance.
1. The Team Chair will create a list of specific documents and forward the list to the institution according to established deadlines.
 2. The institution will submit all requested additional evidence that has been requested by peer evaluators according to established deadlines.
- Q. Peer evaluators will submit the *Accreditation Readiness Analysis Template* summarizing their findings.
- R. The institution will respond to the *Accreditation Readiness Analysis Template* in writing through an Institutional Response. The Institutional Response is in the form of a letter addressed to the President of the Middle States Commission on Higher Education. It is typically between 1 and 5 pages in length (not to exceed 25 pages).
- S. The Commission, through its multi-level accreditation decision making process, will analyze all of the accreditation materials related to the review and any other appropriate and substantiated information available to it.
- T. The Commission will take an action in accordance with the Commission's *Accreditation Actions Policy and Procedures*.
1. The Commission may acknowledge receipt of the application, request the submission of an updated ARR and direct an Applicant Assessment Team Visit when the institution appears to demonstrate compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements and the institution is ready to host an Applicant Assessment Team Visit.

2. The Commission may acknowledge receipt of the application and request the submission of supplemental information report (SIR) when the institution appears to demonstrate compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements but the Commission needs further evidence that the institution is addressing recommendations before the Applicant Assessment Team Visit should take place. The schedule will be adjusted and the institution will continue in the application review.
3. The Commission may reject the application when the institution does not appear to demonstrate compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements. This is not an adverse action, therefore, it is not subject to appeal. After taking at least one year to review its readiness and make necessary changes and improvements, the institution may choose to reapply and resubmit a new *Pre-Applicant Minimum Requirements Report* and Pre-Applicant Inquiry fee.

- U. The Commission will provide notification of accreditation actions in accordance with the *Communication in the Accreditation Process Policy and Procedures* and federal regulation 34 CFR § 602.26.

IV. Procedures for Grant of Candidate for Accreditation Status

- A. The Commission staff liaison will develop a schedule for the submission of required accreditation materials including but not limited to the updated ARR, supporting evidence, a teach-out plan, and the Applicant Annual Institutional Update (AIU).
1. The schedule identifies established deadlines and key milestones.
 2. The schedule may be adjusted at the discretion of the Commission staff.
- B. If the institution is not able to meet the established deadline, it has the following options:
1. The institution may request a delay not to exceed one year pursuant to Commission policy and procedures.
 2. The institution may withdraw its application at any time pursuant to section VI of these procedures.
 3. After taking at least one year to review its readiness and make necessary changes and improvements, the institution may choose to reapply and resubmit a new *Pre-Applicant Minimum Requirements Report* and Pre-Applicant Inquiry Fee.
- C. The institution will complete the Applicant Annual Institutional Update (AIU) according to instructions and established deadlines provided by staff.
- D. The Commission staff will assign peer evaluators in accordance with the Commission's *Peer Evaluators Policy and Procedures*.
1. The Commission will assign a Team Chair who is responsible for handling all logistics, communicating with the institution and the Commission staff, and finalizing and submitting reports. The remaining peer evaluators are selected from an existing pool.

2. The Commission will make available to the institution the proposed team roster with a list of the peer evaluators.
 3. The institution will affirm that there is no conflict of interest with the proposed team roster within 10 calendar days.
- E. The institution will submit the updated ARR and all supporting evidence which clearly and concisely documents the institution's compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements.
- F. The institution will develop a comprehensive and implementable teach-out plan and if applicable, teach-out agreements in accordance with federal regulation *34 CFR § 602.23(f)(1)(ii)*. The teach-out plan must be submitted pursuant to the instructions provided in the Commission's *Teach-Out Plans and Agreements Policy and Procedures* and the *Teach-Out Plans and Agreements Form*.
- G. The Commission staff will acknowledge receipt of the accreditation materials.
- H. Peer evaluators will review the accreditation materials to determine if the institution appears to meet the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements and should be granted Candidate for Accreditation Status.
- I. Peer evaluators may request additional evidence as required to clarify information or verify compliance before or during the visit.
 1. The Team Chair will create a list of specific documents and forward the list to the institution according to established deadlines.
 2. The institution will submit all requested additional evidence that has been requested by peer evaluators according to established deadlines, and no later than seven days after the visit.
- J. If third-party comments were received in accordance with Commission policy and procedures, the Commission will provide them to the Team Chair for review.
- K. The Team Chair or a designated team member will conduct site visit(s) to each branch campus and additional location reported by the institution in the Annual Institutional Update (AIU). The purpose of these visits is to verify information about the locations and establish them within the institution's baseline scope of accreditation. These visits may take place prior to or during the Applicant Assessment Team Visit.
- L. The institution will host the Applicant Assessment Team Visit by peer evaluators. During the visit, peer evaluators will clarify the information provided in the application materials and verify evidence submitted by the institution by interviewing campus constituencies (including key administrators, governing board members, faculty, staff, students, and representatives of related entities if applicable).

1. The schedule will include time for peer evaluators to conduct interviews, tour the facilities, review evidence, and confer as a team. The schedule should be structured so that the visit covers activities that are relevant and applicable to the institution's mission and circumstances.
 2. The Commission staff liaison will accompany the team to serve as a resource for interpretation and clarification of the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements.
- M. The Commission representative(s) will submit travel expenses in accordance with the Commission's *Travel Policy and Procedures*.
- N. The Commission will invoice the institution for the appropriate fees, travel expenses, and honoraria and the institution will remit the payment in accordance with Commission's *Dues and Fees Policy and Procedures*.
- O. Peer evaluators may request additional evidence while they are on-site as required to clarify information or verify compliance.
1. The Team Chair will create a list of specific documents and forward the list to the institution according to established deadlines.
 2. The institution will submit all requested additional evidence that has been requested by peer evaluators according to established deadlines.
 3. The institution may only submit additional evidence for a set period of time, which begins seven days after the original evidence was submitted up until seven days following the Applicant Assessment Team Visit.
- P. The team of peer evaluators will begin developing a draft Team Report that summarizes the team's findings. See the *Applicant Team Report Template*.
1. The team of peer evaluators will indicate the institution appears to meet or does not appear to meet the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and federal compliance requirements.
 2. If the team has confirmed non-compliance, the team report must identify the specific standards for accreditation, requirements of affiliation, policies and procedures, and federal compliance requirements that are not met, and provide a rationale for why the institution does not appear to meet the standards.
- Q. The team of peer evaluators will meet with institutional representatives for an oral exit report. The institution's Chief Executive Officer (CEO)/President is encouraged to invite all campus constituencies to hear the oral exit report.
1. During the oral exit report, the Team Chair conveys the team's findings about the institution's compliance.
 2. The oral exit report must not differ materially from the draft Team Report and should be equally candid, honest, clear, and forthright.
 3. Under no circumstances should the oral exit report be recorded.

4. Under no circumstances does the Team Chair or any other team member share with the institution the action that the team will propose for consideration by the Committee and the Commission.
 5. Similarly, the institution should not publicize the team's findings or imply that any particular action will be taken by the Commission. The team's findings represent only the first step in the multi-level accreditation decision-making process.
- R. The Team Chair will share the draft Team Report with the institution's Chief Executive Officer/President.
- S. The institution will review the draft team report and, within established deadlines, notify the Team Chair only of any factual errors. The institution should not attempt to influence the content or tone of the Team Report or suggest that the team alter the findings or the tone of the Team Report.
- T. The Team Chair will finalize the team report and submit it according to established deadlines.
- U. The institution will respond to the final Team Report in writing through an Institutional Response by the established deadline. The Institutional Response is in the form of a letter addressed to the President of the Middle States Commission on Higher Education and is typically between one and five pages in length (not to exceed 25 pages).
1. The institution will develop an Institutional Response that is brief and analytical. It is an opportunity for the institution to react to the team's findings and to acknowledge the team members for their time and expertise.
 2. The institution may concur with the team's findings or honestly and openly present significant differences in perceptions, interpretations or major findings.
 3. The institution should not attempt to influence the content or tone of the Team Report or suggest that the team alter the findings.
 4. The institution will submit the Institutional Response within established deadlines.
 5. The Commission must receive the Institutional Response by the established deadline.
- V. The Team Chair will review and consider the Institutional Response, and then prepare a Confidential Brief (see *Confidential Brief Template*).
1. The brief will summarize the Team Report and include major findings; it cannot substantively alter the content or tone of the Team Report.
 2. The brief will also propose an action for consideration by the Committee, the next level of accreditation decision-making. The Team Chair does not share the proposed action with the institution.
 3. The Team Chair will submit the brief according to instructions provided by Commission staff. The brief is not made available to the institution.
- W. The team of peer evaluators will submit travel expenses in accordance with the Commission's *Travel Policy and Procedures*.
- X. The Commission will invoice the applicant institution for the appropriate fee, travel expenses, and honoraria and the institution will remit the payment in accordance with the Commission's

Dues and Fees Policy and Procedures.

- Y. The Team Chair will participate in the next level of accreditation decision-making at the committee meeting. The Team Chair will receive more information from the Commission staff about this role.
- Z. The Commission, through its multi-level accreditation decision making process, will analyze all of the accreditation materials related to the review and any other appropriate and substantiated information available to it.
- AA. The Commission will take action in accordance with the *Accreditation Actions Policy and Procedures*. The Commission reserves the right to rescind any action if information comes to light that would have affected the Commission's decision.
- BB. The Commission will provide notification of accreditation actions in accordance with *Communication in the Accreditation Process Policy and Procedures* and federal regulation 34 CFR § 602.26.
- CC. An institution that is granted Candidate for Accreditation Status by the Commission has demonstrated that it appears to meet the standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements and the institution is likely to attain accreditation before the expiration of the federally mandated five year time limit allowed for candidacy. Upon a grant of Candidate for Accreditation Status, the institution will begin its first self-study evaluation.
- DD. Upon the grant of Candidate for Accreditation Status, the Candidate Institution is a member of the Middle States Commission on Higher Education and is entitled to and obligated by the membership privileges and responsibilities.
- EE. The Candidate institution must pay annual dues and fees in accordance with the Commission's *Dues and Fees Policy and Procedures*.
- FF. The institution's baseline scope of accreditation is determined and set as of the date that Candidate for Accreditation status is granted. Any changes to the scope of accreditation that are considered substantive after that date must be reviewed by the Commission prior to implementation in accordance with the Commission's *Substantive Change Policy and Procedures*.
- GG. The Commission will publish information about the institution and the scope of accreditation on the institution's listing in the online Institution Directory and on the institution's Statement of Accreditation Status (SAS) in accordance with the Commission's *Communication in the Accreditation Process Policy and Procedures*.
- HH. The Candidate institution is responsible for ascertaining any requirements related to its eligibility for title IV funding (student financial aid programs) and completing any required activities related to that process if it so desires.

- II. The Commission will not permit an institution to hold Candidate for Accreditation status for more than five years before the grant of accreditation in accordance with federal regulation 34 CFR § 602.16(a)(2)(ii).

V. Procedures for Grant of Accreditation

- A. As the Candidate institution progresses toward the grant of accreditation, the institution will be re-evaluated and monitored by the Commission on a regular and consistent basis in accordance with the *Accreditation Review Cycle and Monitoring Policy and Procedures*.
1. The Candidate institution will conduct a Self-Study Evaluation and On-Site Evaluation Visit in accordance with its assigned accreditation review cycle.
 2. The Candidate institution will submit an Annual Institutional Update (AIU) each year.
 3. The Commission will not conduct a Mid-Point Peer Review (MPPR) mid-way through the cycle for Candidate institutions since they are working on self-study.
- B. If the institution is granted accreditation, the Commission will apply a retroactive date of accreditation back to the date of candidacy in accordance with federal regulation § 602.18(b)(6). The retroactive date of accreditation is only available to institutions granted accreditation after July 1, 2020.
- C. If the institution is subject to a final adverse action to deny accreditation, the Commission will maintain the institution's Candidate for Accreditation status for currently enrolled students until the institution has had a reasonable time to complete the activities in its teach-out plan to assist students in transferring or completing their programs, but for no more than 120 days unless approved by the agency for good cause in accordance with federal regulation § 602.23(f)(1)(iii). The Commission may ask the institution to submit an updated teach-out plan and teach-out agreements.
- D. The Commission will not move an accredited institution from accredited to Candidate for Accreditation status unless, following the withdrawal of accreditation, the institution applies for initial accreditation and is awarded Candidate for Accreditation status under the new application in accordance with federal regulation § 602.23(f)(1)(iv). Institutions that participated in the title IV, HEA programs before the withdrawal of accreditation are subject to the requirements of 34 CFR § 600.11(c).

VI. Procedures for Voluntarily Withdrawing from the Application Process

- A. An institution may withdraw voluntarily from the Commission's application process at any time.
- B. The institution will notify the Commission staff liaison and submit a Letter of Intent to Withdraw Application, signed by the Chief Executive Officer (CEO), on the institution's letterhead, addressed to the President of the Commission.
- C. The Commission will acknowledge receipt of the institution's intent to withdraw and note that the application has been withdrawn.

- D. The Commission will provide notification of accreditation actions in accordance with *Communication in the Accreditation Process Policy and Procedures* and federal regulation 34 CFR § 602.26.
- E. The institution must wait at least one year from the date of withdraw to initiate a new pre-application and must reapply and submit a new Pre-Applicant Minimum Requirements Report and Pre-Applicant Inquiry Fee.

VII. Definitions

The following definitions are used in this policy and/or procedures:

- A. Accreditation activity.** All activities including but not limited to reviews, reports, visits conducted by Commission representatives related to the institution's accreditation phase, accreditation status, or scope of accreditation occurring throughout the accreditation review cycle and during ongoing monitoring activities for a member (accredited or candidate) or applicant institution.
- B. Accreditation materials.** All documentation related to accreditation activities including but not limited to the institution's written reports to the Commission, submitted evidence, team reports, institutional responses, confidential briefs, complaints or third-party comments, action notifications, substantive change requests, transcripts of proceedings, team rosters, and any correspondence of record. Accreditation materials are treated as confidential by Commission representatives, become part of the institutional record, and are retained in accordance with the Commission's *Maintenance and Retention of Commission Records Policy and Procedures*.
- C. Accreditation phase.** The stage of the institution in the accreditation lifecycle (applicant, candidate, accredited). The phase will also indicate if an institution is a *former* applicant, candidate, or accredited institution. Accreditation phase is posted on the institution's directory listing on the MSCHE website, with the exception of applicant institutions which are not displayed publicly in the institution directory.
- D. Accreditation Readiness Report (ARR).** The report an applicant institution will develop and submit to demonstrate that it meets the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements. The institution may be asked to submit an updated ARR.
- E. Accreditation status.** The member institution's standing with the Commission based on the most recent grant of candidate for accreditation status, grant of accreditation, reaffirmation, non-compliance, or adverse action taken by the Commission. Accreditation status is posted on the institution's directory listing on the MSCHE website.
- F. Applicant institution.** A postsecondary institution that is in the process of submitting an application for Candidate for Accreditation Status, but is not a member of the Middle States Commission on Higher Education.

- G. Authorized representatives of member institution.** The institution will designate specific individuals to serve as authorized representatives of the institution when they designate them as key contacts (CEO, ALO, CAO, CFO, Portal Delegate, Application Manager) in the secure MSCHE portal. Authorized representatives act responsibly on behalf of the institution in matters related to accreditation and are individuals with whom the Commission will directly communicate. The Commission may consider the Chair of the Board to be an authorized representative of the institution.
- H. Candidate for Accreditation Status.** An accreditation status granted by the Commission for a period of time, not to exceed five years, while the institution engages in its first comprehensive self-study evaluation. An institution that is granted Candidate for Accreditation status by the Commission has demonstrated that it appears to meet the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements and the institution is likely to attain accreditation.
- I. Commission representative.** Any individual who represents or serves the Commission, including but not limited to peer evaluators, Commission staff, and Commissioners.
- J. Institution of higher education.** A postsecondary educational institution that awards postsecondary degrees and is authorized or licensed from an appropriate jurisdiction. Institutions that offer only postsecondary certificates, diplomas, or licenses are not eligible for accreditation by the Middle States Commission on Higher Education.
- K. Main campus.** A parcel of land owned by, controlled by, leased by, or allocated for use by an institution within the same reasonably contiguous geographic area, in which the institution's primary administration, classroom buildings, residence halls, library, and other buildings are housed, and the facilities are used by the institution in direct support of or in a manner related to, the institution's educational purposes.
- L. Peer evaluator.** An individual who is selected and assigned to an accreditation activity by the Commission staff. This individual is part of the multi-level accreditation decision-making process and will participate in the proposal of an accreditation action. Peer evaluator is not intended to include a Commissioner serving in an official Commissioner capacity on a committee or the Commission. Peer evaluator is not intended to include an assistant or any other observer of an accreditation activity.
- M. Scope of accreditation.** The institution's accreditation status covers a defined scope of educational offerings, including but not limited to credential levels, delivery methods, and locations (additional locations, branch campuses, or other instructional sites) which have been reviewed by the Commission during accreditation activities. Any changes proposed by a member institution that are considered substantive must be reviewed through the substantive change review process prior to implementation in order to be included within the institution's scope of accreditation by the Commission.

- N. Related entity.** A non-accredited entity that shares decision making responsibility with the institution's governing body. A related entity may be a corporate parent, system administration or board, religious sponsor, funding sponsor (which, in some cases, may include an equity or investment fund), or other entity that can affect decisions related to accreditation. Related entities may include institutional or corporate layers or groups. Local, county, and state legislatures, other accreditors, local advisory boards, and government agencies are not considered related entities. Contractual arrangements in which the institution has a written contract for services with a non-accredited entity are not considered related entities.
- O. Teach-out.** A process during which an institution, or institutional location that provides 100 percent of at least one program engages in an orderly closure or when, following the closure of an institution or campus, another institution provides an opportunity for the students of the closed school to complete their program, regardless of their academic progress at the time of closure. *(federal definition found in 34 CFR § 600.2, slightly modified to remove the word "program")*
- P. Teach-out agreement.** A written agreement between two or more institutions that provides for the equitable treatment of students and a reasonable opportunity for students to complete their program of study if an institution, or an institutional location that provides 100 percent of at least one program offered, ceases to operate before all enrolled students have completed their program of study. *(federal definition found in 34 CFR § 602.3)*
- Q. Teach-out plan.** A written plan developed by the institution that provides for the equitable treatment of students to complete their education, including any teach-out agreements that the institution has entered into or intends to enter into with another institution. *(federal definition found in 34 CFR § 602.3)*

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Federal Regulations: 34 CFR § 602.11 Geographic scope of accrediting activities; § 602.16 Accreditation and pre-accreditation standards; § 602.18 Ensuring consistency in decision-making; § 602.19 Monitoring and reevaluation of accredited institutions and programs; § 602.20 Enforcement of standards; § 602.23 Operating procedures all agencies must have; § 602.24 Additional procedures certain institutional agencies must have; § 602.26 Notification of accrediting decisions; § 602.28 Regard for decisions of States and other accrediting agencies;

Standards: Standard I Mission and Goals; Standard II Ethics and Integrity; Standard III Design and Delivery of the Student Learning Experience; Standard IV Support of the Student Experience; Standard V Educational Effectiveness Assessment; Standard VI Planning, Resources, and Institutional Improvement; Standard VII Governance, Leadership, and Administration.

Related Documents: Accreditation Actions Policy and Procedures; Accreditation Activities Guidelines; Accreditation Review Cycle and Monitoring Policy and Procedures; Communication in the Accreditation Process Policy and Procedures; Dues and Fees Policy and Procedures; Substantive Change Policy and Procedures; Teach-Out Plans and Agreements Policy and Procedures; Travel Policy and Procedures;