

# Joint Accreditation Process between ACCJC and ACSCU of WASC

## **For Two-Year Colleges Seeking to Add a Single Baccalaureate Degree**

The Accrediting Commission for Community and Junior Colleges (ACCJC) and the Accrediting Commission for Senior Colleges and Universities (ACSCU) of WASC have developed a process for providing joint accreditation to two-year degree granting institutions currently accredited by the ACCJC that wish to offer a single baccalaureate degree while retaining their core mission as a two-year-degree-granting institution. This process for joint accreditation is congruent with existing standards, policies and procedures of the ACCJC and the ACSCU. The language of this agreement is designed to assist institutions preparing to apply for participation in this process. Any variations to these procedures brought about by institutional circumstances or by either Commission's scheduling or staffing issues must be approved in advance by the presidents of both agencies.

## **Participation Criteria**

An institution seeking to undertake the joint accreditation process must request approval to initiate the process from the ACCJC. Prior to receiving approval to proceed from ACSCU, the institution's executive and academic leadership are required to schedule an interview with ACSCU staff in order to verify that the institution qualifies under the terms of this policy and to develop a timeline for this process. The ACCJC will provide guidance on the format and content of a request for joint accreditation. Only institutions that are accredited and not under sanction by ACCJC are eligible to request joint accreditation. Upon receiving approval from both commissions to proceed with an application, the institution is required to sign a release form that will allow ACCJC to share historical institutional information with ACSCU.

Institutions that qualify for adding a single baccalaureate degree under the terms of this agreement are expected not to seek approval for an additional degree with ACSCU for a period of at least five years. For this reason, institutions intending to offer several baccalaureate degrees are advised to seek ACSCU accreditation directly. Institutions are advised to consult with ACCJC and are referred to the relevant ACSCU policy, which is *Initial Accreditation of Institutions Currently Accredited by a USDOE-Recognized Agency*.

## **Fees**

An institution seeking joint accreditation will be responsible for following the policies, meeting the standards, and paying all fees required by each commission, including fees, as applicable, for eligibility, Substantive Change, candidacy, accreditation site visits, and membership, and any other fees normally required of member institutions of both commissions.

## **Process for Substantive Change/Eligibility**

An institution approved by both commissions to proceed with the joint accreditation process will first file a single report for purposes of applying for Substantive Change approval from the ACCJC and seeking eligibility from the ACSCU.

The Substantive Change Committee of the ACCJC will consider the application, and if approved, will forward it to the ACSCU Eligibility Review Committee for its consideration. Such approval by ACCJC will include endorsement for the institution to begin offering 300-level courses for the baccalaureate program in order for it to meet the ACSCU requirement that students be enrolled in a program at the time of a candidacy review.

ACSCU will identify which of its eligibility criteria must be applied to the institution's baccalaureate program or to the entire institution. In some cases, the institution's ongoing compliance with the eligibility requirements of the ACCJC will serve to establish that it meets the eligibility criteria of the ACSCU. The ACSCU Eligibility Review Committee will inform the ACCJC of the date on which eligibility is granted to the institution. The ACSCU Eligibility Committee will then determine the timeline for the candidacy review and specify information that may be required for inclusion in the institution's candidacy report.

The ACCJC Substantive Change Committee may invite one ACSCU Eligibility Review Committee member and/or staff member to participate in its deliberations. Similarly, the ACSCU Eligibility panel may invite a member of the ACCJC Substantive Change committee and/or staff member to participate in its deliberation. Participation may be either in person or through teleconferencing.

### **Process for Candidacy and Initial Accreditation**

ACCJC and ACSCU will each assign a staff member to coordinate review processes. The timeline for candidacy and initial accreditation self-studies, team visits and Commission decisions will be set in accordance with ACSCU requirements for candidacy and initial accreditation and, when possible, in keeping with presently scheduled ACCJC reviews.

If an institution seeking joint accreditation is part of a multi-college district or system and the ACCJC has normally scheduled simultaneous comprehensive reviews of those colleges, an institution seeking reaffirmation of its accreditation with ACCJC will be required to adhere to that schedule. To that end, institutions should plan carefully in setting their proposed timeline for review for initial accreditation and seek, if possible, a visit that consolidates ACCJC and ACSCU review on the system-wide schedule for ACCJC review.

### **Team Composition and Responsibilities**

When an ACSCU candidacy or initial accreditation review is conducted as part of a scheduled ACCJC visit, it will be conducted in such a way that each commission will be able to meet its oversight responsibilities under its Standards. ACSCU's purposes for such reviews include evaluating the institution's readiness to offer the baccalaureate degree. Both commissions will evaluate the impact of such plans on the institution as a whole, and the appropriateness of its related support services in keeping with its commitments to provide baccalaureate-level education. In so doing, a team may find any of the ACSCU Standards to apply to the institution.

To fulfill these responsibilities, the team visiting the institution for Candidacy or Initial Accreditation of the single baccalaureate will be comprised of evaluators with experience from both commissions. ACSCU staff, in close cooperation with ACCJC staff, will provide primary staff assistance for team training, for planning the visit, and for coordinating the reports to the two commissions.

### **Commission Decisions, Review and Appeal**

Decisions on candidacy and initial accreditation and all subsequent actions of the ACSCU Commission concerning the baccalaureate program are subject ACSCU's *Handbook of Accreditation*. Part IV, Commissions Decisions on Institutions. An institution that has been denied either candidacy or initial accreditation for its single baccalaureate degree by the ACSCU has the right to a review and appeal set forth in the ACSCU Handbook of Accreditation. A decision by ACSCU to grant candidacy or initial accreditation will be reported to ACCJC.

At the time of a successful candidacy review, the institution will be approved to offer 400-level courses, conducting culminating assessments, and granting the degree. The Committee will endeavor to schedule the initial accreditation review at approximately the same time that the first cohort of students completes the program.

Candidacy and accreditation of a single baccalaureate by ACSCU are dependent on the underlying accreditation of the institution by ACCJC. Therefore if the ACCJC terminates accreditation of an institution, the

ACSCU accreditation will be terminated automatically. The institution will be notified of this termination within a reasonable time after the decision of ACCJC. This termination on this basis is not subject to review and appeal under the ACSCU Handbook of Accreditation.

### **Institutions under Sanction**

If a jointly accredited institution is placed on sanction by either commission, the commission that issues the sanction will inform the other commission's staff. The commission that has not issued a sanction will be invited to participate on all related reviews during the period of the sanction, including both written reviews and visits. As stated earlier in this document, an institution under sanction will not be considered for substantive change approval to add a baccalaureate degree by the ACCJC.

### **Proposed Process for Reaffirmation of Accreditation following Initial Accreditation**

The two commissions will undertake visits as needed until the baccalaureate program is granted initial accreditation by the ACSCU.

Subsequently, they will plan collaboratively for the procedures for reaffirmation of accreditation, including the cycle for review, team composition, and specific issues to be addressed. Typically, an institution will undergo a comprehensive review for reaffirmation of accreditation on the ACCJC cycle for review, which is currently every six years. When a jointly accredited institution begins its Self-Study, it will receive instructions from ACSCU about the format and content of its Self-Study as pertains to its baccalaureate program. The institution will undergo ACCJC self-study training, which may be augmented by the ACSCU. The ACCJC will appoint an evaluation team that includes one or more representatives appointed by the ACSCU to conduct the visit required for reaffirmation. The team will write a single Team Report and make recommendations to the two Commissions pertaining to the aspects of the institution's programs over which each Commission has oversight responsibilities. The Self-Study, Team Report and any other relevant information will be provided to each Commission at its own meeting. Each Commission will act upon the team's recommendations at its next meeting and subsequently publish its action in keeping with federal reporting policies for that Commission. Each Commission will convey the results of its decisions in a timely manner to the other Commission.

Other reviews called for by either Commission, such as interim reports and special visits, that may be conducted during the period of accreditation, will be coordinated in the manner described above. Each commission will be invited to participate in the other's reviews.

### **Institutional Obligation for Reports**

Either Commission may request reports and information from the jointly accredited institution. The institution will be required to submit all routine and any special reports and forms to both commissions, as required by each commission's respective policies and procedures. All reports and documents submitted for review to one Commission will be open for review by the other at its request.

### **Institutional Member Privileges**

The institution may participate in the workshops, services, and conferences offered by either Commission as an affiliate (during candidacy) or regular (after initial accreditation) member institution of that Commission.

### **Complaints**

Complaints filed with either Commission will be shared with the other. The Complaints will be handled by the ACCJC unless they are complaints that pertain to the baccalaureate degree program specifically. The ACCJC

will, at its discretion, involve the ACSCU in processing complaints that concern the institution beyond the baccalaureate program.

### **Relations with the USDE**

The ACCJC will continue to serve as the primary gate keeping accreditor with the USDE for the purposes of reporting and as otherwise needed.

*Revisions ratified by the Commission June 24, 2011*

# Accreditation Liaison Officer Policy

The chief executive officer of each campus selects an Accreditation Liaison Officer (ALO) to work with the Commission and its staff on matters of accreditation. In appointing the liaison officer, the chief executive officer should consider the following criteria: perspective of the institution, visibility, accrediting experience or desire to become involved in WASC activities, and clerical resources.

Duties recommended for the accreditation liaison officer are:

1. To provide an identified place on campus where information can be disseminated and questions answered about institutional and specialized accreditation.
2. To prepare the Annual Report that is required by WASC, and notify the Commission of substantive changes and program developments, as required by Commission policy.
3. To maintain a file of all accreditation materials, such as Institutional Review reports, evaluation team reports, accreditation manuals and guidelines, schedules of all visits, and correspondence from accrediting offices including Commission Action Letters. It may also be appropriate for the library to keep duplicates of Institutional Review reports and evaluation team reports. The liaison officer should make sure that faculty, administration, staff, and students know that these materials are available.
4. To interpret for the institution Commission accrediting Standards, policies, and procedures, and to call attention to particular sections of the Handbook that may apply to certain aspects of the campus, particularly when Standards or Commission policies are adopted or revised.
5. To serve as chair or resource person for the institutional self-review, coordinate preparations in advance of evaluation visits, and assist in follow-up studies resulting from the evaluation.
6. To attend meetings of liaison officers in order to receive information and participate in policy development.
7. To serve on evaluation teams, when invited.
8. To develop and coordinate accreditation visits and schedules, when possible.
9. To receive and respond to, as appropriate, copies of complaints referred by the Commission staff to the chief executive officer.
10. To receive Commission bills for fees and visit expenses, and make sure they are paid promptly.

The chief executive officer may, of course, serve as liaison officer. Most chief executive officers, however, welcome relief from this responsibility and prefer to delegate it to a senior member of the faculty or administration who is interested in accreditation and who will report to the chief executive officer on all relevant activities.

It is hoped that the liaison officer will receive a suitable degree of visibility on campus, even to the extent of having this position recognized as an official committee or quasi-administrative duty. The liaison officer can facilitate an effective relationship between the Commission and the institution and enhance the participation of the institution in accreditation. The Commission hopes that the liaison officer will seek advice and counsel from the Commission staff.

## Collective Bargaining Policy

The decision to enter into a collective bargaining agreement is primarily institutional, and is governed by state laws for public institutions, and federal laws for independent institutions. The Commission takes no position on such agreements and neither encourages nor discourages them.

Since regional accreditation evaluates the effectiveness of an institution in achieving its stated purposes, the primary concern of accreditation lies with the institution as a whole. Whenever institutional policies and procedures are modified by collective bargaining agreements, the modifications must not contravene the requirements of Commission Standards, or disrupt the educational processes of the institution.

At institutions with collective bargaining agreements, the review process, the evaluation team, and those responsible for accreditation decisions must address the impact of collective bargaining on the quality and effectiveness of the institution. To help achieve this result, the Commission requests:

1. Institutional review participation by representatives of the entire campus community—administrators, faculty, and support staff—as well as appropriate involvement of trustees and students. Collective bargaining processes shall not impede such participation;
2. Assessment, both by the review committee and the evaluation team, of the impact of collective bargaining on educational quality, on professional relationships and responsibility, on effectiveness of the institution, and on nondiscrimination, equal opportunity, and affirmative action policies;
3. Institutional effort to clarify the respective roles of, and relationship between faculty bargaining units and other faculty governance organizations, as well as between graduate student bargaining units and other relevant staff, faculty and student governance organizations; and
4. Inclusion of bargaining agreements in the institutional presentation, and availability of related documents for visiting teams.

If an institution believes that collective bargaining negotiations will impair an effective review process or team visit, the chief executive officer is invited to confer with the Commission executive director or assigned Commission staff member.

# Collegiate Athletics Policy

The primary concern of an educational institution is its educational effectiveness. That effectiveness can be measured by evaluating the contribution of each institutional program in achieving the educational objectives of the institution as a whole.

Sports and athletics of all kinds—intercollegiate, intramural, and recreational—are deeply rooted in educational institutions and in American society. Well-conducted programs of athletics add significantly to the educational experience, and to a collegiate atmosphere of wholesome competition. These programs deserve attention during the accrediting process as important elements of higher education.

The issue is not whether there should be athletics programs, but rather that they be conducted with integrity, and in a manner consistent with sound educational policy and the institution's educational objectives.

## Objectives

Athletic program objectives should represent the views of students, faculty, administration, and trustees. They should be prepared and approved through a process which provides for the contributions of all constituencies, and their expressions of approval or concern. The objectives are to be reviewed periodically to ensure that they represent the current position of the institution and that those who are governed by them understand them.

## Programs

An educational institution must determine for itself the scope and goals of its athletic programs, and should make an appropriate commitment of budget and resources. Whatever shape the programs take, they should be fully institutionalized and integrated into the larger educational environment of the campus. Institutional policies should encourage the interests and participation of both men and women in team and individual sports, in intramural as well as varsity competition. These policies should assure access for all students to appropriate equipment and facilities.

The type and level of intercollegiate competition should be proportional to the size and resources of the institution. Intercollegiate programs should be demonstrably constructive, and never exploitative for particular interests of the institution, the alumni, or the public.

If students who participate in intercollegiate athletics are subject to different institutional policies and procedures, the institution must be able to explain and justify those policies in relation to the purposes of the institution.

Intercollegiate athletics should not inappropriately limit or detract from intramural and recreational athletics programs on a campus.

## Organization and Personnel

While organizational details will vary with local conditions, ultimate responsibility for all programs rests with the chief executive officer of the campus and the governing board. If there is an advisory committee that oversees athletic programs, it should involve representatives of appropriate constituencies, including faculty, students, and administration. Coaches and athletic directors are staff at some institutions, faculty at others, and administrators at still others; their professional qualities and attitudes are of primary significance in establishing and maintaining the level and educational validity of athletic programs.

# Items for Institutional Review and Guidance for On-Site Evaluators

## Philosophy and Purpose

1. There is a statement of philosophy and purpose for athletic programs that is periodically reviewed.
2. The goals and scope of the athletic program reflect institutional purposes and the actual commitments made to the athletic program.
3. The program is integrated into the larger educational environment of the institution.

## Control

4. The institution's control over collegiate athletics is demonstrably effective.
5. The roles of the chief executive officer, any faculty advisory committee, the athletic director, and the faculty athletic representative are clearly stated and understood.

## Academic Standards

6. Special admissions for athletes are the same as for institutional special admissions, and are under the authority of regular academic structures.
7. Degree requirements are the same for athletes as for other students. Academic advising and counseling are under appropriate academic control. If special athletic department tarring programs are offered, they are also conducted under appropriate academic control.
8. The graduation rates of student athletes are measured and efforts are undertaken to ensure reasonable progress toward the degree.

## Fiscal Accountability

9. All expenditures and income from whatever source, together with the administration of scholarships, grant-in-aid, loans and student employment, are fully controlled by the institution. They are included in its regular planning, budgeting, accounting, and auditing procedures.

## Professional Staff

10. The athletic and coaching staff reflects high standards of integrity and the values of the institution.
11. The coaching staff exerts a positive influence on student athletes in terms of academic performance and character building.
12. The reporting channels are clear.
13. Position descriptions are available for all staff.
14. Professional staff meet generally accepted levels of preparation.



# Complaints and Third Party Comment

Accreditation by the Senior College Commission of the Western Association of Schools and Colleges represents the Commission's judgment that an institution is satisfactorily achieving its mission and educational purposes and that it meets or exceeds the Commission's standards of quality, integrity, and effectiveness. The Commission values information provided by students, employees, and others in determining whether an institution's performance is consistent with the Standards of Accreditation and Commission policies and procedures. The Commission's interest also is in ensuring that member institutions maintain appropriate grievance policies and procedures and that these are reasonable, well publicized, and administered fairly and consistently. The Commission requires, in accord with federal regulations, that each institution maintain records of complaints and grievances and that these records be made available to the Commission upon request. Records of complaints filed under the institution's complaint procedures are to be retained by institutions at least as long as the time period between Capacity and Preparatory Reviews; usually seven to ten years.

The Commission has two established means for receiving comments from students, employees and members of the public about its member institutions: (1) complaints and (2) third-party comment. Individuals are encouraged to review this Complaint Policy and the Third-Party Comment Policy in order to better understand which policy serves their needs. As a general rule, complaints are written by employees and students who have grievances that draw into question the member institution's adherence to one or more Commission Accreditation Standards or Policies. Third-party comment, on the other hand, tends to consist of more general comments of a substantive nature about a member institution. Individuals interested in submitting information regarding an institution's accreditability to be considered during an upcoming accreditation review should follow the instructions for Third-Party Comment.

## (1) COMPLAINTS

### A. Complaints Involving Member Institutions

The procedures for processing a complaint are formal and specific. They require, for example, that individuals filing complaints identify themselves and agree to allow their identities to be disclosed to the institution. The procedures for processing third-party comments are more general and depend on the nature and timing of the comment. In order to be processed as a complaint, the communication must satisfy certain conditions set forth below. The Commission reserves the right to review information under either policy as it determines to be appropriate for the given circumstance.

A person desiring to file a complaint (the "complainant") must satisfy the following seven criteria:

- (1) The complainant must answer fully all of the questions on the Complaint Form (See [www.wascsenior.org/wasc](http://www.wascsenior.org/wasc) for a copy of the Complaint Form). These questions include indicating the identity, address, and phone number of the complainant. The Complaint Form must be signed by the complainant, indicating that he/she has read and understands the WASC complaint process.
- (2) The complaint must disclose the existence of a grievance against the member institution and must further indicate that the institution dealt with the situation giving rise to the grievance in a manner that draws into substantial question the institution's compliance with a Commission Accreditation Standard or policy. The mere fact that the institution ruled in a manner that was adverse to the complainant does not raise a question as to whether a Commission Standard or policy has been violated.
- (3) A complaint must be properly documented and provide supporting evidence or documentation beyond general allegations.
- (4) The complainant must have attempted to resolve the underlying grievance with the institution prior to the filing of a complaint with the Commission. The complainant must indicate

on its face that a serious effort to resolve the grievance was made prior to the filing of the complaint.

(5) Ordinarily, the Commission will not investigate complaints where (1) the matter is currently in administrative proceedings, (2) litigation has been commenced, or (3) the matter involves criminal conduct by the complainant. For this reason, the complainant must confirm (page 3 on the Complaint Form) that none of these circumstances is present. However, in extraordinary circumstances, when it is determined in the preliminary review of the complaint by Commission staff that the complainant raises issues which are so immediate that delay may put the institution's accreditation in jeopardy, or delay has the potential to cause harm to students or to the campus community, the Commission may, at its discretion, choose to proceed with the review of the complaint. Alternatively, if litigation has been commenced but the complainant and the member institution execute the Form Litigation Agreement, in which both agree not to involve the Commission's investigation in the litigation, the Commission will proceed to process the matter as a complaint if all other criteria have been satisfied (See Form Litigation Agreement on the WASC website).

(6) The complainant must agree that his or her identity and the nature of his or her grievance may be shared with the institution. In order to investigate a complaint, it is always necessary to share the particular grievance with the institution and obtain the institution's response to the complainant's allegations. This requires that the identity of the complainant and nature of the complaint be shared with the institution. The complainant should not reveal any fact or opinion to the Commission that he or she does not want to be shared with the institution.

(7) The complaint must be submitted in a timely manner. Because of the need for information to be current, except in extraordinary circumstances, the Commission will not consider complaints if one year or more has passed since the complainant completed the institution's grievance procedure.

The Commission is not in a position to mediate or resolve grievances. The Commission's complaint procedures are for the purpose of addressing significant non-compliance with the Standards of Accreditation and Commission policies. Thus, the Commission will not interpose itself as an adjudicatory or grievance-resolving body in individual matters of admission, granting or transfer of academic credit, grades, fees, student financial aid, student discipline, collective bargaining, faculty or staff appointments, promotion, tenure, contractual rights and obligations, and dismissals or similar matters. Nor does the Commission seek any type of compensation, damages, readmission, or any other redress on an individual's behalf. Furthermore, the Commission will not respond to, or take action on, any complaint or allegation that contains defamatory statements. The Commission's staff will investigate a complaint in order to determine whether it appears that a Commission Standard or Policy was violated and, if such in the case, it will take appropriate action within the range of options that are available to it under Commission Standards and Policies. Even when it appears that a Commission Standard or policy may have been violated, the Commission's action may not result in the complainant being offered a different result from the member institution. It is important to understand that the Commission's investigation is not intended to be used to obtain a reversal of an institution's decisions with respect to a complainant.

#### Procedures for Submitting and Processing Complaints

1. An individual may make an oral or electronic inquiry regarding complaint procedures or about issues and concerns that could be considered complaints; however, the Commission's response and its obligation to meet the procedures outlined here will begin only after the complainant submits a formal complaint using the WASC Complaint Form with accompanying documentation. The Commission will not act on anonymous complaints or on complaints submitted on behalf of another individual.
2. When a Complaint Form regarding a member institution is received, an assigned staff member acknowledges, in writing, receipt of the complaint within 30 business days. When a Complaint Form regarding a member institution is forwarded by another agency, that agency will receive a

copy of the acknowledgement.

3. The complainant must complete all applicable sections of the Complaint Form for the complaint to be reviewed. In completing the Complaint Form, it is the complainant's responsibility to do the following:
  - a. State the complaint in the clearest possible terms.
  - b. Describe the details and circumstances of the complaint. The narrative should state relevant and provable facts, moving beyond assertions and allegations to include the necessary information that will inform Commission staff in the review of the complaint.
  - c. List and include the documents that are in the complainant's possession and are necessary to support the veracity of the allegations in the closed complaint. The Commission expects substantial and sufficient documentation, but care should be taken that the materials are limited to and directly related to the reported case. Helpful documentation might include a copy of an institutional policy, relevant copy from the college Catalog, letters exchanged with the institution, learning agreements, etc.
  - d. List the steps taken to resolve the complaint, including relevant grievance and appeals processes, and describe the action taken by the institution to date. A copy of the institution's response to the complainant as a result of following the institution's grievance process should be included.
  - e. Acknowledge awareness that Commission staff will notify the institution of the complaint and will provide sufficient opportunity for the institution to respond to the complaint before the matter is concluded.
  - f. Attest that the matter in question (1) is not under litigation; (2) involved in an administrative proceeding; and (3) does not involve criminal conduct by the complainant.
  - g. Sign and date the complaint.
4. The Commission recognizes the importance of timely resolution of complaints as promptly as feasible, consistent with fairness to the complainant and the institution. After acknowledging receipt of the complaint, WASC staff will review the complaint within 30 business days to determine if it is within the scope of Commission policies and jurisdiction and if there is adequate documentation.
  - a. If the complaint is not within the purview of the Commission (does not meet all of the seven criteria listed above), Commission staff will notify the complainant and the complaint will be closed. Depending on the nature of the facts alleged, the matter may be treated as Third-Party Comment (See Policy on Third-Party Comment).
  - b. If it is not clear whether the complaint appears to be within the purview of the Commission, the complainant will be contacted in writing for further information or documentation in order to determine the status of the complaint. If the complaint is within the purview of the Commission, but the complaint has inadequate documentation, the complainant will be asked to provide further documentation. If the complainant fails to provide further documentation, the matter will be closed.
5. In those cases where there is sufficient substance to warrant further review, Commission staff will forward a copy of the complaint to the Accreditation Liaison Officer of the institution and request a response within 30 business days after receipt of the complaint. The Chief Executive Officer of the institution and the complainant will be copied on the letter to the institution. In consideration of the circumstances of, or issues raised in the complaint, the Commission may, on occasion, request a written response within a shorter period.

6. When the response from the institution is received, Commission staff will review the information provided by the complainant and the institution and will determine one of the following:
  - a. If the institutional response satisfactorily addresses the issue(s) raised in the complaint, or if the Commission is otherwise satisfied upon its review that no violation of the Standards of Accreditation, eligibility requirements, policies, or procedures has occurred, the complaint will be closed and the complainant and institution will be notified in writing.
  - b. The institution's response may be determined to have sufficient substance to warrant further review. The Commission staff member may undertake the review or a visiting team to the institution may be asked to investigate the matter further.
  - c. Where appropriate, a resolution may be suggested to the complainant and the institution, including recommendations for changes in policies or procedures related to the Standards of Accreditation and policies of the Commission.
  - d. If the institutional response is not received by the Commission within the requested time period; or if the Commission does not consider the institutional response to have satisfactorily resolved the issue(s) raised in the complaint; or if the Commission otherwise concludes that a violation of the Commission's Standards, eligibility requirements, policies, or procedures may have occurred, the Commission may initiate further proceedings as the circumstances warrant, including the initiation of proceedings which may result in an adverse accreditation action. If the complaint raises issues regarding the noncompliance of an institution under Standard One on Institutional Integrity, the Commission may invoke its policy on "Summary Sanctions for Unethical Institutional Behavior."
7. The complainant and the institution will be notified of the Commission's determination regarding the complaint in a reasonably timely manner. In most cases, the complainant will be provided a copy of the institution's response. Every effort will be made to expedite any further review and/or final decision; however, it is not possible to guarantee a specific time frame in which the process will be completed. If further review is warranted, the time required to conduct the investigation may vary considerably depending on the circumstances and nature of the complaint.
8. If a complaint prompts action by the Commission, it is placed in the institution's file in the Commission office and may be shared with the visiting team at the next regularly scheduled institutional review. All complaint records are maintained in the Commission office for a period of ten (10) years.
9. The decision as communicated by the Commission staff liaison to the institution is final.
10. The Commission will process complaints as stated under this Policy, using good faith in its review. If during the processing of complaints, the complainant becomes abusive, threatening, or aggressive in communications with Commission staff or with anyone involved in responding to the complaint, the Commission reserves the right to suspend or terminate any further processing or action on the complaint. If the complaint process is terminated, such action is final and the case will not be reopened.

## **B. Complaints Against WASC**

Individuals may file complaints against the Commission and its staff on matters about which they believe they have been personally aggrieved. This kind of complaint covers situations in which the complainant believes that WASC did not follow the procedures for processing a complaint against a WASC institution, as set forth above in this policy. The complainant may submit such a written complaint to the President/Executive Director of the Commission within 90 days of receipt of the letter from the WASC staff member concluding disposition of the complaint. The complaint should describe the matter

over which the individual claims to have been aggrieved specifically identifying what policy or procedure of the Commission was not followed. Concern that a Commission action was not in accordance with the complainant's desires is not grounds for a re-review of the earlier complaint. If the complaint against WASC relates to a complaint previously filed about a WASC-accredited institution and that complaint was handled by the President/Executive Director, the complaint will be forwarded to the Chair of the Commission. Accordingly, the President or Chair of the Commission will investigate the matter appropriately and respond within thirty (30) business days.

### **C. Retaliation Prohibited**

Member institutions may not take retaliatory action against any individual who has filed a complaint with the Commission. Any allegation of retaliatory action will be immediately investigated by the Commission, and the Commission expects member institutions to cooperate fully in any such investigation. If the Commission finds that an institution has taken any form of retaliatory action in response to the filing of a complaint, the Commission will treat such action as a violation of Standard 1, Integrity. Under such circumstances, the Commission may invoke its policy on "Summary Sanctions for Unethical Institutional Behavior."

## **(2) THIRD PARTY COMMENT**

The Commission for Senior Colleges and Universities (the "Commission") recognizes the value of information provided by students, employees, and others in determining whether an institution meets WASC Standards and complies with WASC policies. Therefore, the Commission invites the public to submit comments following the procedures outlined below.

### **A. Procedures for Filing Third-Party Comment**

Anyone may file a third-party comment regarding an accredited or candidate institution. The names of institutions holding candidacy or accredited status with the Commission are updated regularly and posted on the Commission website, [www.wascsenior.org](http://www.wascsenior.org). The Commission also posts a list of visits to be conducted during the current and following years including the dates of the on-site review.

At any point in time, any member of the public may use a third-party comment form, found on the WASC website, to provide general comments about an accredited or candidate institution. The Commission has established general procedures for filing a third party comment:

1. Third-party comments should be presented on the form that the Commission provides for this purpose (See [www.wascsenior.org/wasc](http://www.wascsenior.org/wasc)). This form includes a place for the commenter's name, mailing address, email address, and phone number. The Commission encourages commenters to identify themselves since it is often difficult to understand the context for the comment without this information. If the commenter chooses to not reveal his or her identity, the Commission staff may decide to disregard the comment. The third-party comment form asks the commenter to indicate if he or she is willing to have his or her identity shared with the institution. If the commenter indicates that his or her identity may not be shared with the institution, the Commission will make every effort to preserve the confidentiality of the commenter; however, depending on the nature of the comment and the circumstances, it may not be possible to determine the validity of the comment unless this information is shared with the institution. For this reason, the Commission staff may choose to disregard any comment that indicates that the commenter wishes not to have his or her identify shared with the institution.
2. All third-party comment must be in writing and include a clear statement describing the institution's performance in relation to the institution's compliance with the Commission's Standards of Accreditation or the Policies of the Commission (See [www.wascsenior.org/wasc](http://www.wascsenior.org/wasc))

3. Substantive comments concerning the institution's performance in relation to Commission standards or policies should be accompanied by appropriate supporting documentation. Ordinarily, the Commission does not consider unsupported comments.

Third-party comments should be submitted to the address provided on the Third Party Comment Form.

#### **B. Handling of Third Party Comments**

Third-party comments are reviewed by Commission staff in accordance with the procedures specified above. Normally, no response is made to the commenter. If appropriate, staff may contact the commenter for clarification or additional information.

Commission staff will determine the appropriate handling of the comment which may include, but is not limited to: sending the information to the institution, with or without the commenter's name for its information or follow up; referring the information or a summary of issues to a future visiting team; holding the information in a file for future reference, or disregarding the information. If information is forwarded to a future visiting team, the team will be instructed to verify information contained in the comment with other sources in order to determine its validity.

#### **C. Email Comments As Part of the Institutional Review Process**

As a part of all site visits to institutions, the Commission establishes for a brief period of time a confidential email account to which any member of the institution's community may send comments about the institution. Using the confidential email account to communicate with the team is especially useful for students enrolled in distance education programs and off-campus sites and others who cannot meet with the team during visit activities scheduled for this purpose. Shortly before the visit, the institution is required to circulate the email address to the institutional community. Only the WASC visiting team has access to the email account. The account remains open only for a brief period time before the site visit and is closed at the end of the site visit.

Commenters using the email account are encouraged, as with third party comments above, to specify their name, position or relationship to the institution, and to substantiate any comments provided. Teams are under no obligation to respond to email comments received or to use the information in its review. As with all information provided to the team during the course of the visit, any comments received are treated as material that should be verified and is not to be used by the team without inquiry as to its validity and accuracy. Where appropriate, the team will ask the institution to provide additional information regarding any issues raised.

#### **D. Retaliation Prohibited**

Member institutions may not take retaliatory action against an individual who has filed third-party comment or complaint with the Commission. Allegations of retaliatory action will be investigated by the Commission, and the Commission expects member institutions to cooperate fully in such investigations. If the Commission finds that an institution has taken any form of retaliatory action in response to the filing of third-party comment or complaint, the Commission will treat such action as a violation of Standard 1 on Integrity and may invoke its policy on "Summary Sanctions for Unethical Institutional Behavior."

For further information, please contact the WASC office at [www.wascsenior.org](http://www.wascsenior.org) or call 510-748-9001.

*Revised and approved by the Commission, 11/06/2009*

## Compliance Audits Policy

The purpose of compliance audits is to ascertain if an institution has the kinds of systems, records, policies and procedures that are expected under the Standards and in keeping with common practice in higher education. Confirming that an institution has basic infrastructure is essential to demonstrating Institutional Capacity, a Core Commitment of all WASC-accredited institutions.

Compliance audits will be conducted in conjunction with the following kinds of reviews:

- CPR visit for Candidacy
- CPR visit for Initial Accreditation
- Special Visits for Institutions under Sanction, as determined by the Commission.

A member of the visit team will be designated to conduct the audit. A compliance auditor may be added to the team if necessary. The designated team member will use a prepared checklist to ascertain if the institution has all the necessary systems, records, policies, and procedures and that records are accurate, update to date, and available as appropriate to students, faculty, staff and the public. A copy of the checklist is available on the Commission website.

The institution will provide appropriate documentation of the items on checklist in advance of the visit to the extent possible. Other documents will be made available to the team on site. The team member assigned to conduct the audit will prepare a report using the checklist, indicating any deficiencies in meeting the requirements of the audit and in the quality, availability, and currency of records.

Institutions that demonstrate clear compliance upon the Candidacy compliance review may be considered for a waiver of a second review or a modified compliance review at the time of the CPR visit for Initial Accreditation. The Commission will determine whether an institution under sanction will be required to undergo a compliance audit in connection with a visit.

## Conflict of Interest Policy

In carrying out its accreditation responsibilities, the Commission seeks to ensure that its decisions are based solely on the application of professional judgment to the information resulting from its evaluation procedures. Therefore, it seeks to avoid conflict of interest and the appearance of conflict of interest. A conflict of interest is defined as any circumstance in which an individual's capacity to make an impartial and unbiased accreditation decision may be affected because of a prior, current, or anticipated institutional affiliation(s), or other significant relationship(s) with an accredited institution or an institution seeking any recognition by the Commission.

The following examples of affiliations and other significant relationships pertain to visiting team members, Commissioners, and Commission staff. Such affiliations and significant relationships should be disclosed to the executive director for discussion and evaluation. Affiliations that would pose a conflict of interest include any of the following during the past five years: employee, former employee, applicant for employment, board member (including institutional foundation boards), appointee, paid consultant, current student, graduate, or instructor. Any relationship involving a written agreement and/or compensation may create a conflict of interest or the appearance of a conflict of interest and should be included. Other significant relationships that should be reported for their potential in prejudicing decision making include: having a close relative (spouse, child, or parent) affiliated with the institution under review, receiving an award from the institution, and/or having a close personal or professional relationship at the institution under review where that relationship might have a material effect on accreditation review.

**Visiting Team Members:** In selecting visiting teams the Commission avoids individuals who have a known conflict of interest in participating in a specific institutional review. Individuals invited to participate are expected to decline to serve in the evaluation of an institution where they have, or where it might reasonably appear that they have, a conflict of interest. If unsure about a conflict of interest, individuals are expected to disclose possible conflicts to the Commission staff via the Conflict of Interest Form for discussion and evaluation. It is the policy of the Commission that team members not consult with an institution they have visited for one year following the visit. Institutions, in reviewing proposed teams, are encouraged to bring to the attention of Commission staff any possible conflicts of interest.

**Commissioners:** Commission members are expected to commit themselves to full disclosure and restraint in any institutional consideration involving a conflict of interest. Members of the Commission will absent themselves from the room when there are deliberations or votes on decisions regarding institutions with which they are affiliated or with which they have participated as a member of the most recent visiting team. They shall not participate in discussions or vote on decisions on institutions with which they have a conflict of interest. Commissioners shall complete the Conflict of Interest Form upon joining the Commission; this Form is updated annually as needed during their tenure on the Commission. Commissioners who are uncertain regarding the possible appearance or reality of conflict of interest shall seek the advice of the Commission chair and the executive director. Where a conflict of interest has been found to exist, it shall be reported to the Commission, noted in the minutes, and notice shall be provided to the institution that the Commissioner did not participate in the Commission discussion or vote.

**Commission Staff:** Commission staff is committed to full disclosure and restraint in any institutional consideration involving a conflict of interest. Staff members will absent themselves from deliberations on decisions regarding institutions with which they have been affiliated during the previous five years. Staff members may not participate in private consulting or other employment arrangements with any institution accredited by or a candidate for accreditation with the Commission. Staff also may not receive honorary degrees or awards from any institution with candidate or accredited status with the Commission.

Notice of any conflict of interest, or situation that might be perceived as a conflict of interest, shall be provided to the executive director. In the case of the executive director, notice shall be given to the Commission chair. A record of institutions where there is a conflict of interest will be kept in the employee's personnel file.



**Consultants and other agency representatives:** Consultants and others with a formal contractual relationship with WASC who, in the course of their work may become involved in Commission policy, institutional evaluation, or the accreditation decision of specific institutions, will be required to complete the Conflict of Interest Form and the Form shall be kept on file.

# Contracts with Unaccredited Organizations Policy

An accredited institution is solely responsible for the academic and fiscal elements of all instructional programs and courses for which the institution provides credit. These responsibilities include course content and the delivery of the instructional program; selection and approval of faculty; admission, registration, and retention of students; evaluation of prior learning; evaluation of student progress; and the awarding and recording of credit. An accredited institution does not lend its accreditation to unaccredited agencies or individuals who operate as contractors to develop and market educational programs. Unaccredited agencies wishing to offer instructional programs may seek their own accreditation, via established procedures.

An accredited institution may enter into contractual relationships which will support and enhance its instructional programs or provide useful auxiliary services and facilities. These include:

1. Assisting with publicizing programs and recruitment of students, but not with admission;
2. Providing instructional resources and facilities, especially those not available to students at the accredited institution. These include cooperative efforts that permit students or interns to use the facilities of business and industry, hospitals, public agencies, etc.;
3. Providing resource people, especially those with knowledge and abilities not available at the institution; and
4. Providing an independent evaluation of the program(s) offered by the institution.

Accredited institutions may also enter into contractual relationships with public or private agencies designed to provide either regular or special instructional program to their employees. These include contractual arrangements with public or independent schools to provide instruction for teachers, with hospitals to provide instruction for medical personnel, with business and industry for instruction of special groups of employees, etc. In all cases, the accredited institution is directly responsible for all academic and fiscal matters related to the program.

Existing contracts should be reviewed against this policy.

# Cooperation among Accrediting Agencies

## Basic Principles

Cooperation among accrediting agencies may occur in many areas and take a variety of forms. It is the intent of this policy to provide for a range of cooperative endeavors, rather than to propose a single structure for cooperation. Cooperation is a desirable goal, and sincere, continuing efforts toward its achievement are essential if accreditation is to remain a positive force in advancing quality education. Toward this end, the following principles are set forth:

1. Facilitating cooperation between and among institutional and programmatic accrediting agencies should be an objective of CHEA, the accrediting agencies, and the institutions served by them.
2. Consistent with the concept of voluntary accreditation, each institution of postsecondary education should decide for itself whether to seek accreditation by any appropriate agency or combination of agencies.
3. Institutions desiring coordinated accrediting activities, particularly among agencies that accredit programs located within the same academic administrative unit (i.e., a School of Professional Studies), should be offered every possible assistance and cooperation.
4. Coordination begins with the designation of responsibility within the institution for liaison with the various accrediting agencies.
5. To be successful, coordination requires advance planning by both the institution and the accrediting agency or agencies involved.
6. Representatives of each accrediting agency will be responsible to their own agency for investigating and reporting activities carried out as part of the accrediting cycle.

## Definitions And Cooperative Arrangements

An institutional (general) agency accredits an institution as a whole and therefore includes all areas, activities, and programs of the institution. Normally, institutional accreditation testifies to: (a) the appropriateness of the objectives of the institution; (b) the adequacy of its organization, program, and resources, both material and human, when viewed against its objectives and generally accepted accrediting standards; and (c) evidence of the accomplishment of institutional criteria of eligibility provide that degree programs, however specialized, must rest upon a base of liberal or general studies required by all or most students. However, accreditation of the institution as a whole is not, and should not be interpreted as being, equivalent to specialized accreditation of a part or program of the institution and should not be represented as such.

Programmatic (specialized) accrediting agencies accredit program(s) within the total institution (or in the case of single purpose institutions, may accredit the institution as a whole). The focus of specialized accreditation is on the effectiveness with which the program meets its objectives and those of the institution, and the accrediting standards of quality education. Normally, specialized accreditation reviews the relationship of the program to the larger unit, the adequacy of the organization and resources for program maintenance and development, and evidence of accomplishment of programmatic objectives. However, specialized accreditation does not purport to make judgments on the institution as a whole (except in the case of single purpose institutions).

The following cooperative relationships have been developed:

Between institutional agencies and institutional accreditation agencies, including:

- ◆ Regional and regional agencies
- ◆ Regional and national agencies
- ◆ National and national agencies
- ◆ Regional or national and programmatic (functioning as an institutional) agencies
- ◆ Institutional and programmatic agencies
- ◆ Programmatic and programmatic agencies

Each accrediting agency should function in accordance with its own purposes and recognized scope of activity. The unique contribution of both institutional and programmatic accrediting to the total evaluative process and benefits accruing to the institution, the program, and the agencies from the coordinated effort have been recognized.

## Guidelines For Cooperation

### Institutional Role

The institution should assume a leadership role in suggesting how cooperating accrediting agencies can best work together to provide optimum service to the institution.

### Need for Written Agreements

Written agreements should be established among accrediting agencies that propose to cooperate. In initial form these may be relatively simple and deal primarily with matters of principle, becoming more specific as the cooperating agencies resolve procedural differences through experience. Sharing of the written agreement with all participants in the accrediting process will reduce potential misunderstandings and conflicts.

### Designation of Accrediting Responsibility

1. Between two or more institutional accrediting agencies:

An institution with operations that cross regional boundaries must be prepared to deal with all of the regional accrediting agencies involved; however, the home regional accrediting agency will serve as the coordinating agency.

A specialized institution for which there is a national specialized institutional accrediting agency (such as the American Association of Bible Colleges, Association of Independent Colleges and Schools, Distance Education Training Council) is encouraged to deal with the appropriate specialized agency. If the institution desires to seek only regional accreditation, the institution should so inform the specialized agency.

A specialized institution seeking accreditation from two or more national, specialized accrediting agencies must determine what constitutes its predominant emphasis (specialization), and that determination will identify the appropriate coordinating agency.

A specialized institution for which there is a programmatic accrediting agency that accredits freestanding specialized institutions (such as the American Bar Association, Association of Theological Schools, National Association of Schools of Music, etc.) Is encouraged to deal with the appropriate programmatic agency. If the institution desires to seek accreditation from an institutional accrediting agency as well, the programmatic agency would serve as the coordinating agency. If the institution desires to seek only institutional accreditation, the institution should so inform the programmatic agency.

2. Between institutional and programmatic accrediting agencies:

When a multi-purpose institution seeks a coordinated accreditation involving both an institutional accrediting agency and one or more programmatic accrediting agencies, the institutional accrediting agency will serve as the coordinating agency.

When external coordination is not possible, an institution should seek accreditation for an academic administrative unit or sub-unit within the institution after it has achieved appropriate accreditation of the more inclusive entity (total institution, college/school, division, department, program—in that order).

3. Between programmatic accrediting agencies:

When an institution seeks accreditation involving two or more programmatic accrediting agencies (located within the same or in different academic administrative units), the chief executive officer of the institution, with mutual agreement and consent of the involved accrediting agencies, shall designate the coordinating agency, with responsibility normally going to the agency representing the program with the largest enrollment. This agency will coordinate the accrediting activities (joint and/or autonomous) consistent with the established guidelines.

## Accreditation Standards

The accreditation standards of the participating accrediting agencies (institutional and programmatic) shall apply during the review. Team members should be aware of the range of standards being utilized. Procedures followed during the visit and the subsequent reporting phase must reflect the standards as required by each agency. In instances in which standards may overlap or vary, the visit and the report must incorporate data relevant to the specific agencies.

## Contacts with Institutions

Accrediting agencies that utilize staff pre-visits should arrange a joint institutional visit to negotiate details of the cooperative accrediting process. When all parties are not involved in a pre-visit, participating agencies will contact the institution individually regarding the Institutional Presentation, the visit, and other expectations. However, these contacts must be carefully coordinated to eliminate conflicting instructions regarding the joint accrediting process. Participating institutions should be flexible in establishing visitation dates.

## Alternatives to Institutional Review

When the institution, or an administrative unit within an institution, is seeking accreditation from more than one agency, the Institutional Review/self-study may take a variety of forms, including the following: (a) common self-study; (b) core self-study; with varying supplemental analysis; (c) separate self-studies; with certain common elements; (d) a non-traditional alternative.

Institutions may wish to prepare a single self-study report designed to meet all requirements of each agency. The nature and format of the self-study document should be negotiated at the time a joint accrediting cycle is initiated. When the team will function as a unit (such as an institutional agency and a programmatic agency visiting a single-purpose institution), a common self-study is indicated. In multi-purpose institutions, joint visits

may be concurrent rather than coordinated. In the consultative stages establishing the accrediting process, a procedure for responding adequately to the data needs of all the accrediting agencies should be negotiated.

## Visiting Team and On-site Visit

Written agreements should include: the team's composition; the complementary skills required and the responsibility for their selection; designation of the chair (who will normally be from the coordinating agency); procedures to be followed during the visit; the format of the written report; the process of its development; the nature of recommendations and their reporting to the institution.

Cooperating agencies are encouraged to share data about potential site visitors, forming common pools of names when possible or exchanging information in specific situations. All potential site visitors may be selected from this common pool by the coordinating agency, or the cooperating agencies may determine criteria (size of team, areas of competency desired, background experience related to institution to be visited, etc.) Each cooperating agency should specify the number of team members to be selected. When there are more than two cooperating agencies, the chair should be designated by the coordinating agency. When there are only two cooperating agencies, co-chairs may be designated by each agency. The chair (or co-chair) is responsible for making logistical arrangements.

A specialized accrediting agency can add a valuable dimension by working cooperatively with an appropriate institutional accrediting agency in the selection of a generalist to serve on the team. When an institutional accrediting agency needs certain expertise on a team, the appropriate specialized accrediting agency can provide assistance. In developing cooperative team arrangements, however, the integrity of the review process must be preserved. Generalists cannot effectively replace specialists, or vice versa, and a large team representing several accrediting agencies may not be as effective as coordinated multiple teams.

## Commission Action

Accrediting decisions based on team reports are made in accordance with the policies established by the participating agencies. When a common team report is filed, each accrediting commission should receive a copy. When a common report is not feasible, each accrediting commission should take action on the report prepared by its team representatives. Each commission should take such action as its standards require and as supported by the report data. Accrediting actions by any commission (institutional or programmatic) should be shared with participating accrediting agencies.

## Fees and Costs

Because the costs of an accrediting cycle should be reduced through virtue of cooperation among accrediting agencies, fees and costs should be determined between and among accrediting agencies prior to the accrediting process. The institution is responsible for paying the usual fees to each agency to cover any cost of general agency services related to the accrediting cycle. Direct costs of a site visit can be reduced through such cooperative arrangements as a joint team, and therefore the fee to the institution can be proportionately reduced. In instances when a cooperating agency does not assess a fee to the institution, its proportionate costs will have to be determined and that agency will honor its share. Each agency should handle its own billing.

It should be noted that one of the most significant reductions in the cost burden to the institution can result from a combined Institutional Review/self-study.

## Other Policies Regarding Cooperation Among Accrediting Agencies

Following each Commission meeting, the Commission will distribute to other appropriate recognized accrediting agencies and appropriate state agencies a list of actions taken on the accreditation and candidate status of institutions, noting all non-compliance actions and those monitoring actions that are public.

See also the Procedures for Dealing with Institutions that Operate Cross-Regionally, page 101.

# Credit for Experiential Learning

It is the position of the Commission that the academy has a significant role beyond that of certifying what a student has learned elsewhere. It is within the academy that a student typically earns academic degrees.

Credit for prior experiential learning is offered only under the conditions enumerated below. This policy is not designed to apply to such practices as CLEP, advanced placement, or ACE evaluated military credit. Questions about this policy should be referred to Commission staff.

1. Credit for prior experiential learning is offered only at the undergraduate level. It is not offered at the graduate level.
2. Portfolio-based credit for prior experiential learning is awarded for no more than 30 semester units, or the equivalent, toward the degree. Credit is awarded only for documented learning which ties the prior experience to the theories and data of the relevant field.
3. Credit is awarded only in areas which fall within the regular curricular offerings of the institution and are part of the instructional program the student completes.
4. Institutions that use documentation and interviews, in lieu of examinations, demonstrate that the documentation provides academic assurances of equivalency to credit earned by traditional means.
5. No assurances are made in advance regarding the number of credits to be awarded.
6. Credit is awarded only by faculty holding regular appointments in the appropriate discipline. The awarding of credit, and the determination of the amount of such credit, is made by a qualified faculty member. The faculty member ensures that assessment procedures are appropriate for the credit awarded.
7. Credit is only awarded to matriculated students and is identified on the student's transcript as "credit for prior experiential learning." The institution is prepared, on request, to furnish documentation describing the learning that was assessed, how such learning was evaluated, and the basis on which such credit was awarded.
8. Steps are taken to ensure that credit for prior experiential learning does not duplicate credit already awarded or remaining courses planned for the student's academic program.
9. Policies and procedures for awarding experiential learning credit are adopted, described in appropriate institutional publications, and reviewed at regular intervals.
10. Fees charged are realistically related to the cost of the program. Adequate precautions are provided to ensure that payment of fees does not influence the award of credit.

## **Policy on Credit Hour**

Under federal regulations effective July 1, 2011, both institutions and accrediting agencies are required to come into compliance with regulations regarding the definition and assignment of credit hours under Section 600.2 and 600.24.

Under federal regulations, all candidate and accredited institutions are responsible to comply with the definition of the credit hour as provided in section 600.2, which defines the credit hour as:

Except as provided in 34 CFR 668.8(k) and (l), a credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than –

- (1) One hour of classroom or direct faculty instruction and a minimum of two hours of out-of-class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time; or
- (2) At least an equivalent amount of work as required in paragraph (1) of this definition for other academic activities as established by the institution, including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours.

As required by Section 600.24, the Commission will evaluate as part of all comprehensive reviews the extent to which institutions meet the federal definition by reviewing:

- (1) The adoption of a policy on credit hour for all courses and programs at the institution;
- (2) The processes the institution employs to review periodically the application of its policy on credit hour across the institution to assure that credit hour assignments are accurate and reliable;
- (3) Any variations in the assignment of credit hours to assure that they conform to commonly accepted practices in higher education.

In implementing this policy, Commission evaluation teams will review institutional documentation including the institution's policy on credit hour and expectations at each degree level, evidence of the implementation of institutional review processes to assure the reliability and accuracy of credit hour assignments in all courses and programs, and through sampling, a variety of course credit assignments based on degree level, academic discipline, delivery modes, and types of academic activities.

Evaluation team findings will be included in reports to the Commission and where deficiencies are found, they shall be so noted, and the Commission will act to assure that these deficiencies



are addressed through follow up reporting and additional monitoring. If the Commission finds significant noncompliance with this policy regarding one or more programs at the institution, the Commission will promptly notify the Secretary of Education in addition to any follow up mandated by the Commission.

In addition, credit hour assignments shall be included as part of the reviews conducted by the substantive change committee as part of its review process. Additional protocols for implementation of this policy may be developed to assist institutions and teams in conducting reviews under this policy.

*Approved by the Commission – Sept. 2, 2011*

# Institutions that Operate Cross-Regionally

To preserve the values and practices of peer review and regional accreditation, the evaluation of institutions that deliver education at a physical site(s) in another region(s) will be undertaken with the participation of the host regional accrediting commission(s). This will include the joint (home/host) review of off-campus sites in a host region against the accreditation standards of that region.

Procedures for the evaluation of colleges and universities operating inter-regionally will honor these basic principles:

1. The mission of the institution will be respected throughout the evaluation process;
2. The design and implementation of the strategy fashioned to evaluate its host region instructional sites will be developed collaboratively by the participating regional commission together with the affected institution;
3. The home region's evaluation processes will serve as the basis for the joint evaluations and the home region will take the leadership role in initiating and overseeing the process;
4. The home region will be solely responsible for final accrediting actions, but will respond to issues brought to its attention by the host commission as identified through its involvement in the institutional review;
5. Host commission participation in an interregional accrediting process shall not constitute accreditation of the institution by that host commission; and
6. The host region retains the discretion to determine its involvement in the evaluation of institutions operating inter-regionally.

## Exchange Information

To assure that each commission is adequately apprised of the instructional activities of out-of-region institutions in its region, the following information will be exchanged as specified:

- ◆ Annually, each commission will notify the other affected commissions of any of its institutions operating inter-regionally. The information provided will include: location(s), levels of degree offerings, and number of students enrolled. It is understood here as elsewhere, that notice need only be provided regarding those locations where 50 percent or more of a degree program is offered.
- ◆ Each commission will notify other relevant commissions when one of its institutions intends to establish a new out-of-region instructional site. In such cases, the home commission, in consultation with the host region together with the institution, will determine if the new site(s) constitute a substantive change and thus be subject to review under the interregional accrediting processes.

# Procedures for the Interregional Accrediting Process

## Notice to Host Region of Planned Evaluations

The home region will provide timely notice to the host region(s) of:

- ◆ scheduled comprehensive evaluations of institutions with instructional sites in the host region;
- ◆ any focused visits which include the review of sites in the host region or includes issues related to off-campus programming; and
- ◆ any other evaluations of new sites in the host region.

## Procedures for Evaluations

- ◆ Standards to be applied. The standards of both the home and host region will be applied at host region sites using a “home standards plus” model. That is, the standards of the home region will be used as the basis for the evaluation as supplemented by any criteria of the host region identified in the design process for the evaluation.
- ◆ Evaluation protocol. Well in advance of the comprehensive visit, the home and host commissions, in consultation with the institution, will develop protocol for the evaluation of host region sites to include: 1) the scope of the review; 2) region; 3) the content of the self-study report(s); 4) any other matters of agreement relevant to the evaluation.
- ◆ Site team composition. The size and composition of the team visiting host sites will be jointly determined, with the host region being afforded the opportunity to appoint up to 50% of the team’s membership. The host region may otherwise be appointed in keeping with home region procedures. It is understood that the host region’s conflict of interest policy will apply for the team members it appoints.
- ◆ Costs. The costs for the evaluation of host region sites will be billed in keeping with the home region’s policies. The home region will otherwise administer reimbursement of evaluator expense also in keeping with its policies.

## Procedures for Evaluation Reports

- ◆ A single evaluation report will be prepared for each of the sites visited within the host region, as agreed upon by the commission involved.
- ◆ The evaluation report will include a review of the site under the home region’s standards, and as appropriate, findings regarding the host region’s standards as previously identified and any topics included in the evaluation under prior agreement. Recommendations to the home region can be made by both home and host sub-groups on the team.
- ◆ Site team reports are provided to the host region by the home region upon receipt. In cases of comprehensive evaluations, the home region’s institutional evaluation report is also forwarded to the host region.
- ◆ The host region is responsible for establishing processes for the timely review of site-specific evaluation reports prior to their being considered by the home region’s commission so as to provide any comments it believes should be taken into consideration as the institution’s case is reviewed.

- ◆ The policy of confidentiality for team recommendations of the home region will apply.

## Procedures for Decisions and Notification

- ◆ The home region's decision-making processes will ensure that the institution has the opportunity to respond to the team report and any comments from the host region before a final decision is made.
- ◆ The home region takes the final accrediting action and is responsible for providing notification of that action to all relevant parties, including the host region.
- ◆ When the final action differs from the recommendation and comments of the host region, if any, rationale for the action will be sent upon request by the home to the host region.
- ◆ The home region is responsible for addressing any misrepresentation of the interregional evaluation on the institution's accreditation status.

*Adopted by the Commission June 2000*

# Degree-Level Approval Policy

The Commission establishes three categories of degree-level approval for the purposes of accreditation and substantive change processes, as defined below. Each institution is designated by the Commission as having one of the three categories of approval at each degree level -- associate's, bachelor's, master's, professional doctorate, and research doctorate. (In a few cases, institutions accredited by the Senior College Commission also award associate degrees, and in such cases, the Commission shall designate the level of approval for that degree level as well.)

1. **General Approval.** General approval permits an institution to initiate degree programs at the specified degree level(s) without prior review and approval by the Substantive Change Committee or the Commission. Institutions may qualify for general approval at a specified degree level if they have offered 10 or more degree programs at the specified degree level in five or more different disciplinary areas or fields for at least 10 years, and have demonstrated through the accreditation review process the quality of both the degree programs offered and the processes used to initiate, monitor and review degree programs at that level.

The institution is responsible for reporting to the Commission any new degree programs initiated under its general approval as part of its Annual Report. The institution is also responsible for demonstrating, at the time of its comprehensive review, that it has monitored the quality of new programs through assessment, program review and other means that are linked to program improvement. In addition, the institution is responsible for identifying clear outcomes and quality performance indicators for each degree, which are regularly tracked to support review and improvement of degree programs individually, and programs offered at that degree level collectively.

2. **Specified Approval.** Specified approval permits an institution to initiate new degree programs without prior Substantive Change Committee or Commission approval, within specified disciplinary areas or fields and within one or more specified degree levels. Institutions may qualify for specified approval if they have offered five or more degree programs within a specified field for at least 10 years, and have demonstrated through the accreditation review process the quality both of the degree programs and of the processes used to initiate, monitor and review degree programs at that level within the specified field.

For example, the Commission may grant specified approval at the master's level in the general field of theology to an institution that has offered six master's programs in theology for 12 years. With this approval, new master's programs in theology can be offered at that institution without prior review by WASC. However, new programs in other fields, such as education, would still need to be reviewed and approved prior to initiation, through the substantive change process.

It should be noted that specified approval is given for approved degree levels only. If an institution wants to offer a degree in the same field at a lower or higher level, it must submit an application to the Substantive Change Committee. In the example above, the institution would be required to submit a substantive change application to offer a PhD or BA in theology.

Upon being granted specified degree-granting approval, the institution is responsible for reporting to the Commission any new degree programs initiated under its specified approval as part of its Annual Report, and for demonstrating at the time of its comprehensive review that it has monitored the quality of new programs through assessment, program review, and other means that are linked to program improvement. In addition, the institution is responsible for identifying clear outcomes and quality performance indicators for each degree, which are regularly tracked to support review and improvements of degree programs individually, and programs offered at the degree level collectively.

3. **Individual Program Approval.** Individual program approval requires an institution to seek prior review and approval by the Substantive Change Committee and Commission before implementing any new

degree program at the designated level. Each subsequent program at that degree level must continue to be reviewed and approved by the Substantive Change Committee and, in some cases, by the Commission, until such time as specified or general approval is granted at that level.

After the Commission has approved the program(s), the institution is responsible for demonstrating at the time of its next review that it has monitored the quality of new programs through assessment, program review, and other means that are linked to program improvement. In addition, the institution is responsible for identifying clear outcomes and quality performance indicators for each degree, which are regularly tracked to support review and improvements of degree programs individually, and programs offered at the degree level collectively.

Institutions are designated for one of the three categories of approval at each level and therefore may have different kinds of approvals at different degree levels. For example, an institution may have general approval at the bachelor's and master's degree levels, but individual degree approval at the doctoral level. If an institution later meets the definition established above for a different degree-level approval, the institution may request a change in designation. No change will be permitted without review of a proposal requesting the change and a site review that finds that the institution meets the requirements for the proposed approval set forth above and has both capacity and demonstrated educational effectiveness for the degree-level approval requested. To the extent possible, such reviews will be incorporated into scheduled accreditation reviews.

The Commission may also request additional reports or follow-up visits and may modify the institution's status based on the results of accreditation reviews. Notwithstanding a previously designated approval, institutions under sanction may be required to submit all new degree programs for prior review and approval as a condition of the sanction. The designation of degree-level approval shall be an official part of the institution's accreditation record but shall not be made public.

# Distance Education & Technology-Mediated Instruction Policy

Prior to implementation, the Substantive Change Committee must approve all degree programs in which 50 percent or more of the program is delivered by any distance learning modality -- satellite, video, internet, or any other kind of technology-mediated modality.

A comprehensive explanation of the Commission's policies and procedures regarding distance education and substantive change may be found in the *Substantive Change Manual*, which is available on the WASC website.

Please also refer to the Policy on "Substantive Change".

# Diversity Statement

Approved on February 23, 1994

## Purpose

Quality and diversity have come to be profoundly connected in pursuing goals that are explicit in the mission statements of colleges and universities themselves: goals of expanding knowledge, educating capable citizens, and serving public needs. The 1988 Standards incorporated issues of diversity and the following statement was developed in 1994 to guide institutions in thoughtful engagement of diversity as they prepared self-studies. The Commission has reaffirmed the role that diversity plays in the 2000 Standards.

## A Definition of Diversity

The word “diversity” has been used frequently in discussions of higher education policy in the last 70 years. It has been used to refer to the great variety of American institutions of higher education—their varying missions, pedagogies, and constituencies. It also has been used to refer to the enrollment of students from various regions of the United States and nations of the world. Beginning in the decade of the 1960s, diversity was used to describe students from historically underrepresented ethnic\* groups, most of whom were the first in their families to attend college. Shortly thereafter, diversity was applied not only to the student body of an institution, but also to the faculty, administration and board of trustees. The impact and meaning of diversity, however, were still focused upon numerical ethnic profiles, and had not reached issues of student life, curriculum or pedagogy.

As is the case with many other important concepts (e.g., innovation, quality, fairness), diversity is difficult, if not impossible, to define in words that are fully satisfactory. However, it is useful to think of diversity in higher education as having three vital and related dimensions: 1) representation; 2) the nature of campus community; and 3) the impact of group membership on both individual development and the content of academic scholarship and study.

**1. Representation.** Diversity concerns representation of different groups in the various constituencies of a college or university—its student body, faculty, staff and governing board. Concerns about representation are closely linked to the challenge of achieving educational equity, in terms of the matriculation and graduation of persons from those ethnic groups in the United States that have been historically underrepresented in colleges and universities.

Given the rapidly changing composition of the population in this region, race and ethnicity are major factors in this discussion of group representation. Other aspects of diversity deserve careful consideration as well, including socioeconomic class, gender, age, religious belief, sexual orientation and disability. Each of these aspects of diversity has been addressed in the self-studies conducted by some accredited institutions in this region. In selecting various aspects of diversity for study, institutions have been influenced by the nature of their missions, the nature of their student bodies and the requirements of law (particularly with regard to disability and gender).

In thinking about diversity on campus, it is important to stress that representation is not merely a matter of numbers, but also concerns how individuals participate in the life of a college or university. The Commission recommends the distinction between diversity and affirmative action drawn by the Diversity Planning Council of the University of California, Davis:

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\* The Commission follows the dictionary definition of “ethnic” as “characteristic of a religious, racial, national, or cultural group.”



- ◆ “Affirmative action is retrospective in that it is designed to rectify the effects of past discrimination. Diversity, on the other hand, is prospective. It looks forward to the creation of an environment that supports the aspirations of all persons....”
- ◆ “Affirmative action excludes certain groups from consideration under its provisions. For example, it excludes white males except those who are disabled or who are Vietnam era veterans. Diversity includes all groups that are part of the working or living environment....”
- ◆ “Affirmative action is quantitative in that it emphasizes the numerical representation of women and persons of color in the work force. Diversity views affirmative action efforts to increase the number of persons of color and women as necessary but not sufficient to create the changes in the environment that will enhance the chances of success for those who gained access through affirmative action efforts....” (Building a Diverse Campus, UC Davis, p. 9, 1991).

**2. Community on Campus.** A second dimension of diversity concerns the character of the academic community that emerges through the interaction of people of different backgrounds and points of view. An effective academic community calls for respect and cooperation among the various groups represented within the institution. One important goal is the strengthening of collegiality that, in turn, encourages vigorous debate and the examination of competing ideas. Such collegiality becomes impossible where there is domination of members of one group by members of another, or the systematic neglect of the perspectives and aspirations of the members of any group on campus.

During the course of discussion of this statement, conflicting positions were expressed with regard to how the issue of sexual orientation should be addressed. Commission Standards state that “religious institutions have the right to select students and faculty on the basis of adherence to religious beliefs.”

There is an extremely important consensus among accredited institutions in this region that all institutions are obligated to adhere to Commission Standards on respect of persons, including policies against harassment, and to provide due process procedures to resolve individual grievances. Whatever an institution’s prohibitions may be regarding the behavior of its members, these must not be accompanied by institutional actions that express animosity or disrespect for persons for reasons of race, ethnicity, socioeconomic class, gender, age, religious belief, sexual orientation or disability.

**3. Group Membership and Identification.** A third dimension of diversity concerns the extent to which group differences and affiliations should be recognized and affirmed by colleges and universities. It can be said of each of us, “In some ways you are like everyone else, in other ways you are like some, and in some ways you are like no other.” We are accustomed to thinking of ourselves as part of the human race (“like everyone else”) and as unique persons (“like no other”). Dilemmas arise with respect to group membership (“like some”) and whether the recognition of group membership contributes to academic and community-building goals.

Every person is simultaneously a member of many groups, and these group memberships have different saliency with respect to various functions carried out by academic institutions. For example, a student may begin her day by attending early Mass. For this purpose, her religious identification is crucial. She may then visit the financial aid office where socioeconomic class and age are relevant. In her history class, her Vietnamese heritage may well affect her perspective on the matters under discussion and how she serves as a resource for her fellow students. Later in the day, as a member of the College task force responding to the Americans with Disabilities Act, her reliance upon a wheelchair is the group identification of most importance. And, finally, as she returns to her living group, her gender has helped determine where she lives and with whom. This person is a unique human being. But important aspects of her uniqueness are shaped by her simultaneous membership in many groups. A campus that recognizes these groups, and seeks to serve the needs of each of them, is not negating the uniqueness of this student or the shared humanity of all, but rather, is striving to enhance and build upon some of the group memberships that shape a student’s life.

Identification with groups, including ethnic identification, is certainly nothing new on American college campuses. But what is new is the number of groups now pressing for recognition and their proportions within the

student bodies of most institutions. In particular, the proportion of students of color has now grown to the point that they represent the majority of students in the public elementary and secondary schools of our region and on many of our college campuses. The negotiation of new relationships among individuals and groups is underway, and these changes produce a good deal of the controversy that accompanies diversity. Such changes are often awkward and sometimes difficult. But these changes also bring new intellectual challenges and can contribute greatly to educational quality by offering a more profound understanding of ourselves and our world and an education of greater relevance to participants in a multicultural society.

## Educational Quality and Diversity

Discussions of quality in higher education are often dominated by measures such as student scores on examinations taken at college entrance (the SAT or the ACT), scores on the Graduate Record Examination or examinations for entrance into professional schools, the proportion of applicants refused admission, endowment per student, or the reputation of faculty members in individual disciplines. As measures of the quality of teaching and learning, especially at the undergraduate level, these measures are plainly inadequate. When the meaning of educational quality is examined at a deeper level, the connections between quality and diversity become clearly important:

- ◆ A quality education introduces students to the richness of the intellectual world and broadens the range of scientific and cultural topics on which students can exercise discernment, logic, and balanced judgment. Many colleges and universities have found that these purposes are advanced by curricula that examine more fully the philosophies, values, perspectives, history and achievements of the various cultures of the world and of the United States. In extending the curriculum, these efforts have not replaced study of Western and European values, but rather can connect with and extend beyond these traditions. Such efforts have had substantial effects on the content and methodology of political science, literature, philosophy, art, sociology and history and of certain professional fields such as law, medicine, and business.
- ◆ A quality education helps students acquire the habit of critical analysis of data, assumptions and argument. It is therefore of educational value when students, through classroom instruction, study, and interaction with students and faculty of diverse backgrounds, learn to evaluate differing points of view. Immersion in an environment of diverse and competing ideas is important to the development of independent thought.
- ◆ A quality education prepares a student to grasp and respond constructively to persons, ideas, situations and challenges novel to his or her experience. In most college and university mission statements, these purposes are connected with the importance of higher education in equipping students for the responsibilities of life after graduation. Today's students will live in a society, and quite likely in a locality, of many ethnic and cultural traditions. They will live in a world of highly interdependent national economies. This world will call for the ability to understand and work with people of other backgrounds. Diversity and educational quality are thus connected in accomplishing, in today's terms, the task of preparing students for the worlds of work and civic participation.
- ◆ One of the contributions of a quality education is greater awareness of the vicissitudes of the individual life, including one's own. Higher education can promote an understanding that people can succeed under adverse conditions. Diversity is of special value here. For example, a college has enhanced the future of its graduates if its students come to know disabled persons who are participating, contributing members of the campus community.
- ◆ Participating in a quality academic program enriches faculty as well as students. In a diverse academic community, faculty are called upon, in their teaching, to be aware of the differing experiences and perspectives of students and their varying interests and learning styles. In responding, faculty also learn.

The colleges and universities accredited by the Commission have enormous assets that can be used to these ends. Among these assets are:

- ◆ The demographic diversity of the region
- ◆ Their traditions of scholarship that commit them to the extension of knowledge
- ◆ Their tradition of cosmopolitanism—the tradition that educated people are citizens of the world, and not only of nations, classes, and ethnic groups
- ◆ Their traditions of free inquiry

On this final point we are mindful that some claim that a focus on diversity brings with it an intimidating environment on campus that discourages individuals from freely expressing their ideas within the very broad boundaries set by judicial interpretation of the First Amendment of the Bill of Rights. As the foregoing discussion of diversity and quality would suggest, the Commission firmly rejects curtailment of free expression and inquiry. The bedrock of education in a democratic society is free and open discussion. Indeed, one sign of a healthy institution is the thoughtfulness of its internal disagreements and the extent to which all segments of the institution feel free to participate in its debates.

## Expectations for Institutional Review and Presentation

The Commission expects that a climate of respect for a diversity of backgrounds, ideas, and perspectives is fostered on each campus and that issues of diversity are appropriately engaged. Under Standard 1, Defining Institutional Purposes and Ensuring Educational Objectives, Criterion 1.5 states, “Consistent with its purposes and character, the institution demonstrates an appropriate response to the increasing diversity in society through its policies, its educational and co-curricular programs, and its administrative and organizational practices.” The 1994 Statement on Diversity raises the following points respecting diversity:

1. *Institutional mission and purpose should be reexamined.* Governing boards have an especially important role in this regard. As students, faculty and staff within institutions become more diverse, there is an even greater need to focus on common purposes and to identify core values. The reexamination of institutional purpose, which should be at the heart of every self-study, also implies a sober assessment of conflicting goals. As an example, how might an institution balance its desire to diversify its student body by providing more financial aid for low-income students with the objective of increasing faculty salaries or providing more academic support services to all students on campus?
2. *Institutions should seek and achieve diversity within their student bodies, faculty, administrative staff, and governing boards.* In many cases, colleges and universities choose, at their own initiative, to compare their composition to regional or state populations or to the United States as a whole. In other instances, the reference group is the particular constituency, often religious in nature, that the institution has pledged to serve. In applying its Standards, the Commission respects the institution’s own view of its constituency, based upon its unique mission. For example, a single-sex institution or a college that requires adherence to a particular religious faith as a requirement for admission need not give up those requirements in order to increase its diversity. Each institution can, however, analyze the diversity present in the constituency it chooses to serve and actively seek to reflect that diversity in its membership.
3. *Each institution will work toward “appreciation of diversity” as an outcome of undergraduate instruction, and consider all forms of diversity as they affect the educational process.* Colleges are diverse in many ways (e.g., the various academic disciplines and fields of professional study as well as the diversity of the college community in terms of age, political belief, socioeconomic class, religious faith, interest in the arts and athletics, regional and national background). How can the various forms of diversity be understood, appreciated, and valued in the curriculum?

A desirable objective is that all students learn from and about each other. As the Association of American Colleges declared in its 1985 report, "Integrity in the College Curriculum":

"All study is intended to break down narrow certainties and provincial vision.... In a sense, we are all from the provinces, including New Yorkers and Bostonians, whose view of the world can be as circumscribed as that of native Alaskans who have never left their village.... At this point in history colleges are not being asked to produce village squires but citizens of a shrinking world and a changing America."

Faculty of each institution have primary responsibility to rise to this challenge as they plan curricula, design courses, and teach and advise students. Each institution is free to pursue these goals as it sees fit. Institutions have chosen a variety of means, including the integration of the study of diversity into existing courses under the sponsorship of existing disciplinary departments, the development of courses that stress the comparative study of different cultures, and the creation of women's studies programs and ethnic studies departments.

4. *In addressing the need for a co-curricular environment that fosters the intellectual and personal development of students, the variety of students already enrolled at the institution should be addressed.* In particular, we recommend steps to achieve a better understanding of the characteristics, interests, aspirations and learning needs of all segments of the student population. As institutions address problems faced by women and students from historically underrepresented groups, in terms of classroom learning, support from faculty, the availability of academic support services or the quality of residential life, they often find that the appropriate responses benefit all students. We have in mind here programs of collaborative learning that have served to increase student success in introductory calculus classes and residential programs that have successfully enhanced cross-cultural understanding and student retention by involving a critical mass of students from at least two different ethnic groups.
5. *Institutions should assess the strengths and weaknesses of efforts to make diversity integral to its plans for institutional improvement.* What are the next steps to be taken? Whose cooperation and effort is needed to make those steps effective? How will the institution assess its diversity efforts over time? Some of the answers come from retention statistics and other quantitative data. It may be helpful to look at comparable data over time and examine trends in individual schools and departments, as well as for the campus as a whole. Of equal importance is probing beneath the numbers to illuminate individual perceptions and patterns of interaction among the members of various groups. The Commission urges institutions to conduct systematic assessments of how different students, faculty and staff view their experiences on campus (often referred to as studies of "campus climate"). These assessment tasks are complex and difficult. For example, expressions of disappointment that an institution does not yet meet goals regarding diversity may be more the product of forward progress which raises expectations, rather than the result of a lack of commitment. Questionnaires and small group meetings of students, staff and faculty from different backgrounds can bring such experiences and perceptions to the surface and can serve as the source of creative suggestions. One important result of such discussions is likely to be the healthy questioning of stereotypes about what people think, and a high degree of interest in improving human communication and understanding within the institution. In this regard, institutions may want to review the reports of diversity committees of various institutions throughout the region. In addition, the Commission sponsored the creation of Dialogues for Diversity, with the assistance of The James Irvine Foundation. This new book is a resource for campuses wishing to organize campus dialogues about diversity issues. This book is part of the American Council on Education Series on Higher Education.

The fundamental challenge is to create a culture on campus where the wisdom and will to build trust among people and groups is widely distributed, and opportunities for enhancing diversity and community are encouraged and supported. There is no expectation that, with the variety of institutions in our region, there will be a uniform response. Nevertheless, we all have the same challenge—to use higher education to effectively realize the human potential of all of our citizens.

# Dual Degrees Offered Collaboratively by Two or More Institutions

## Definition

A dual degree program is defined as a program of study offered collaboratively by two institutions that leads to the award of a separate degree from each of the participating institutions. This policy does not apply to programs of study in which two entities (e.g., schools, colleges, departments) within one institution offer two distinct degrees that share some course requirements (e.g., a MBA from a business school and an MSW from a school of social work).

## Application of Standards and Policies to Dual Degree Programs

Institutions are expected to design and operate dual degree offerings in conformity with WASC/ACSCU Standards of Accreditation and relevant policies. In particular, institutions must ensure the integrity of operations and quality of programs and courses leading to degrees that they award.

The following aspects of such programs are of special importance. Institutions offering dual degrees are expected to have clear written plans to offer, monitor and assess these programs and to enter into clear written agreements with partnering institutions, which address, as appropriate, the matters below. Citations to relevant Criteria for Review in the Standards of Accreditation and to WASC policies are provided.

- The program is consistent with the institution's mission and educational objectives (CFRs 1.1, 1.2)
- The primary purpose of the degree program is educational (CFR 1.6)
- The degree awarded represents a coherent course of study that is in keeping with the quality of other degree programs offered by the WASC/ACSCU accredited institution (Standard 2 and CFRs 2.1, 2.2)
- Sound practices are employed for the award of credit (CFR 2.1 and Policy on Transfer and Award of Credit)
- The program is approved by the faculty and administration of the institution in keeping with its usual decision-making processes (CFRs 3.8-3.11)
- The program is designed and operated in keeping with all relevant WASC Standards and policies. In particular, the institution takes responsibility for the following aspects of the program:
  - Truthful representations about the program (CFR 1.7; also see Public Disclosure Requirements below)
  - Offerings that allow students to complete the program in a timely fashion (CFR 1.7)
  - Appropriate practices in the recruitment of students (CFR 1.7 and relevant federal policies)
  - Sound business operations and record keeping (CFR 1.8)
  - Appropriate program level, content, and standards (CFRs 2.1, 2.2)
  - Adoption of student learning outcomes, expectations for student achievement, and means to assess student achievement (CFRs 2.3-2.6, 4.6-4.8)

- Application of institutional quality assurance processes, including program review (CFRs 2.7, 4.4)
- Appropriate analysis of student needs, satisfaction, and success (CFR 2.10)
- Advising and other services to support student success (CFRs 2.10-2.14)
- Admission of students in keeping with the program level (CFRs 2.2, 2.12)
- Sufficient and qualified faculty and staff (CFRs 2.1, 3.1, 3.2)
- Information resources, technology and facilities appropriate to the program (CFR 3.6)
- Teach-out plans that protect the students (Policy on Teach-out Plans and Agreements)
- Sound planning and budgeting (CFRs 3.5, 4.1-4.3)

### Status of and Relationship with Partner Institution(s)

Dual degrees may be offered by WASC/ACSCU-accredited institutions in partnership with many other kinds of institutions. These include other WASC/ACSCU-accredited institutions, other regionally accredited institutions, other educational institutions with national or specialized accreditation that is recognized by the United States Department of Education (USDOE), or educational institutions in other countries. Dual degrees with unaccredited entities in the US are not allowed under this policy.

The dual degree program must be subject to a detailed agreement with the partnering institution(s) that fully describes all aspects of the relationship. If the partnering institution is not accredited by WASC/ACSCU but is accredited by another agency recognized by the USDOE or is an educational institution in another country, the agreement must assure that the WASC/ACSCU-accredited institution has sufficient authority over the program in keeping with sound educational practices and the Standards of Accreditation.

Institutions seeking to partner with an institution in another country that is not accredited by a USDOE-recognized accrediting agency must take steps to ensure that the partnering entity is appropriately licensed, approved or otherwise recognized by an appropriate governmental or government-approved entity in the country where the coursework is being offered. Institutions should also exercise due diligence in investigating such entities to assure themselves of the quality of their offerings and the integrity of their operations.

### Residency Requirements and Awarding of Credit for Dual Degree Programs

In dual degree programs, the Commission expects that at least half of the credit towards the degree awarded by the WASC/ACSCU-accredited institution is earned in courses offered by the WASC/ACSCU-accredited institution and taught by its faculty.

WASC does not approve awarding dual degrees for substantially the same body of work. WASC/ACSCU-accredited institutions may not offer a dual degree program with a partnering institution for which the student is awarded two degrees of the same name for completion of what would normally be the course of study for one degree (e.g., a Master of Business Administration from one institution and a second MBA from another institution for the same set of 30 to 36 semester units that would normally lead to a single MBA). Partnering institutions may, however, offer two degrees with the same name provided that the degree program complies with the provisions of this policy and the WASC/ACSCU Standards of Accreditation, that the degree program is sufficiently extensive and unique in design, and that it exceeds the amount of academic work typically required for a single degree.

A WASC/ACSCU-accredited institution seeking to partner with another institution to offer a degree program with shared coursework in the same discipline should also see the [Policy on Joint Degrees Offered Collaboratively by Two or More Institutions](#). A joint degree program is defined as a program

offered collaboratively by two or more accredited institutions which leads to the award of a single degree issued jointly by participating institutions.

In dual degrees, no more than 25 percent of the credits being offered at the upper-division level of undergraduate degrees or at the graduate level may be double-counted or overlap. Institutions offering dual degrees must have clearly articulated policies and standards on the transfer of credits for dual degrees with the maximum being no more than the credit hours cited in this policy. Institutions in consortial agreements are exempt from the overlap limits outlined in this policy.

### Public Disclosure Requirements

Institutions offering dual degree programs must take steps to ensure that students and the public fully understand the accredited status of the institutions offering the dual degrees, and that the award of two degrees by the partnering institutions does not represent two completely distinct courses of study (e.g., there may be some sharing of coursework between the two degrees).

#### Required Disclaimer

When the partnering institution is not accredited by WASC/ACSCU, the institution must make clear in all written communications with students and the public that its accreditation by WASC/ACSCU does not extend to the partner institution. The following disclaimers must be used:

“[Name of member institution] is accredited by the Accrediting Commission on Senior Colleges and Universities of the Western Association of Schools and Colleges. [Name of partnering entity or institution] is [accredited or approved] by [the name of the agency].”

#### Required Notation on Student Records for Dual Degrees

Institutions offering dual degrees must take special care so as not to mislead students and the public about the meaning and content of the dual degree. Therefore language must be used on permanent student records, including transcripts and diplomas, to indicate that the program in which the student was enrolled is a dual degree program. In keeping with good practice, student transcripts should indicate which courses were completed at the partnering institution.

### Application of Substantive Change Policy

WASC/ACSCU accredited institutions offering programs that do not meet this policy on credits prior to the implementation of this policy must bring their programs into compliance within three years of the effective date of the policy. WASC staff will review the programs for compliance with the policy and may refer them to the Substantive Change Committee for review if the program raises questions or concerns which are best addressed by the Committee rather than staff.

Institutions seeking to offer a dual degree with a partner institution that is not accredited by WASC/ACSCU or another USDOE-approved accrediting agency must obtain approval through the WASC/ACSCU Substantive Change process prior to offering the program.

Institutions seeking to offer a dual degree with a partner institution that is accredited by WASC/ACSCU or another USDOE-approved accrediting agency are exempt from the Substantive Change approval process ONLY IF both institutions are approved by their respective accrediting

agencies to offer programs at the level (Bachelor's, Master's or Doctorate) at which the new degree program will be offered without obtaining advance approval through the Substantive Change process.

Please refer to the *Substantive Change Manual* for specific guidance on substantive change policies that apply to dual degree programs.

#### Related Policies

*Joint Degrees Offered Collaboratively by Two or More Institutions*

*Degree-Level Approval and Related Institutional Responsibilities*

*Contracts with Unaccredited Organizations*

*International Students*

*Overseas International Education Programs for Non-US Nationals*

*Study Abroad*

*Substantive Change*

*Transfer and Award of Academic Credit*

*Federally Mandated Policies:*

*Prior Approval of Outsourced Programs*

*Teach-Out Plans and Agreements*

*Ratified by the Commission, June 24, 2011*



## Dually Accredited Institutions Policy

Any institution seeking or holding accreditation from more than one nationally-recognized institutional accrediting body must describe itself in identical terms to each recognized institutional accrediting body with regard to purpose, governance, programs, degrees, diplomas, certificates, personnel, finances, and constituents, and must keep each institutional accrediting body informed of any change in its status with one or another accrediting agency.

If a recognized institutional or specialized accrediting agency takes adverse action on a dually accredited institution or places the institution on public sanction, the Commission will promptly review the institution's candidate or accredited status to determine if the other agency's action resulted from the institution's non-compliance with criteria similar to those of the Commission. Findings of non-compliance with the Commission *Handbook of Accreditation* could affect the continuing status of recognition with the Commission.

Reference: "Inventory of Concurrent Accreditation" at [www.wascsenior.org](http://www.wascsenior.org).

## Honorary Degrees Policy

The Commission recognizes that honorary degrees may be appropriately awarded for scholarly achievement, attainments which demonstrate unusual creativity, or distinguished service. The integrity of earned degrees, however, should be protected, and the Commission discourages the awarding of earned degrees as honorary degrees, or the use of terminology which implies such.

# Policy on Independent Governing Boards

## Overview

Purpose. The purpose of this policy is to provide guidelines to institutions concerning governing board structures, characteristics, and practices that promote independent decision and policy making in the best interests of the educational institution. This policy covers board composition and size, selection and removal of members, conflict of interests, board organization and committees, board authority and functioning. The various aspects of this policy are based on decisions that the Commission has made over time as it evaluates the role, structure and effectiveness of governing boards. They are also informed by principles of good practice in board governance.

Timing for review of governing boards. Issues relating to the independence of an institution's governing board can arise in the eligibility review of an institution seeking WASC accreditation, during comprehensive or special visits, in reviews of annual, interim or other reports, or as changes in organizational structure or control are evaluated through the substantive change process. The relevant peer review entity (usually a committee or team) is expected to raise any concerns about governance during the review process in order to give the peer review entity, WASC staff, the institution, and legal counsel (if needed) an opportunity to explore fully these issues and make an informed analysis and recommendation to the Commission.

Types of institutions affected by this policy. Governing board issues can arise in any kind of institution – small and large, public and private, faith-based and secular, non-profit and for-profit. They may relate to ownership or control being in the hands of one person, such as the founder of an institution, or in another entity such as a parent company, a system, or a religious denomination. While many of these issues have a long history in higher education, in the last few years WASC has seen many new and innovative organizational forms, especially in the for-profit sector, which includes a wide array of institutional types – from small, family-run colleges to large, publicly traded corporations that often have multiple governing boards – and various kinds of legal structures, such as corporations and limited liability companies (LLCs).

Types of governing boards affected by this policy. All governing boards are bound by this policy. Governing boards may have different titles; typically public and non-profit institutions have boards of trustees or regents and for-profits have boards of directors or managers. Some institutions have more than one board or a related entity board that has some control over the governing board. Most of the structures and practices that describe board independence are covered in the institution's bylaws and/or the policies and operating procedures of the institution. Some entities, like LLCs, have operating agreements in lieu of or in addition to bylaws.

## Relevant WASC Standards and Policies

WASC's Eligibility Criteria (in particular, EC 4) and the Standards of Accreditation (in particular, Criterion for Review 3.9) call for all institutions to have an independent governing board.

Eligibility Criteria. EC 4 states in part:

**Institutional Type:** Private institutions, whether organized as non-profit or for-profit corporations or as partnerships, will present policies and planning documents making it clear that decisions about the distribution of surpluses or profits give priority to sustaining and enhancing the educational mission and academic infrastructure of the institution, and to ensuring effective student learning and student success.

**Sustainability:** The Commission does not accredit individuals or sole proprietorships. The ownership structure of an organization demonstrates that it is sustainable beyond the life or competency of any one member or investor and will remain in compliance with all applicable laws and WASC requirements during transitions of any members, owners, or investors.

**Accountability:** The institution has a functioning governing board (or the equivalent) responsible for the quality, integrity, and financial sustainability of the institution and for ensuring that the institution's mission is being achieved. The governing board is an independent policy-making body capable of reflecting constituent and public interest through its membership, activities, and decisions. The board must demonstrate its responsibility for, and involvement with, strategic planning for the development of the institution through and beyond the period necessary for accreditation. As evidenced by both its bylaws and its practice, the board must demonstrate that it has the authority to evaluate the chief executive officer's performance, including setting the terms of the CEO's contract and renewing or terminating the contract as may be necessary. A majority of the board members must not be employed by the institution; be family members related to the chief operating officers, shareholders, or trustees of the institution; or have a personal financial interest in the institution. Its membership must be sufficient in size and composition to fulfill board responsibilities. The board must demonstrate that it has functioning committees, including at a minimum audit, academic affairs, finance, and membership or nominating or the equivalent. If a separate institutional governing board is not possible or appropriate, the Commission may approve alternative means by which this criterion may be met. Neither the chief executive officer nor another institutional executive officer may serve as the chair of the institution's governing board. If the applicant is a proprietary institution and the chief executive officer is also an owner or investor, the bylaws must clearly designate that the board has the authority to appoint, evaluate and, if necessary, terminate this officer.

Standards of Accreditation. In the Standards of Accreditation, Criterion for Review 3.9 states:

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

Also relevant for institutions that have an affiliation with another entity, like a corporate parent or a church sponsor, is CFR 1.6, which states:

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

The guideline to this CFR states in part that institutions should have "no history of interference in substantive decisions or educational functions" by the related entity. To operationalize these principles, WASC also has a policy on "related entities."

Policy on Related Entities. This policy states in part:

At some institutions, the governing board shares decision-making responsibility with one or more non-accredited "related" entities in areas such as finances, planning, governance, budget and approval processes, recruitment, information systems, or employee compensation. This policy is intended to ensure that accreditors receive appropriate assurances, and sufficient information and documentation, to determine whether such institutions comply with Commission standards and policies.

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 (herein "Related Entities"). Related entities may include institutional or corporate layers or groups. Ordinarily, local, county, and state legislatures, other accreditors, local advisory boards, and government agencies are not related entities. ...

When an institution shares certain functions with a related entity, the institution is responsible for presenting, explaining, and evaluating all significant matters and relationships involving related entities that may affect accreditation requirements and decisions at the time of application, candidacy, review for initial accreditation, comprehensive or interim evaluation, and all other times deemed relevant by the Commission. Although a related entity may affect an institution's ongoing compliance with accreditation

standards, the Commission will review and hold only the institution responsible for compliance with accreditation standards....

## **Independence of the Governing Board**

Definition of an independent board. For a governing board to be considered “independent,” a majority of its members may not have interests that might impair their independent decision making, create multiple and potentially conflicting relationships, or result in competing loyalties. Therefore a majority of the board members may not be employed or otherwise regularly compensated by the institution or have an ownership interest in the institution (e.g., own stock or shares if the institution is a for-profit entity).

The underlying principle is that the governing board must be able to make decisions in the best interests of the educational entity or, as stated in EC 4 above, it is responsible for the “quality, integrity, and financial sustainability of the institution and for ensuring that the institution’s mission is being achieved.” Governing boards are accountable to the institution’s constituents and to the public. In carrying out this charge, the board must be free from influence or control by persons who have competing or multiple interests and divided loyalties. For example, a board member who owns stock may have an interest in maximizing corporate profits and earnings that are enhanced by keeping enrollment high and costs low. This interest may conflict with the need for the educational institution to deny admission to unqualified applicants or to provide funding for full-time faculty or improvements in the academic or student support areas. Likewise, an employee can have an interest in increasing his or salary, which may conflict with an initiative to reinvest net revenue in educational improvements. A representative of a sponsoring church may have an interest in promulgating religious beliefs at the institution even where doing so conflicts with academic freedom or the faculty’s authority over the academic program. A general principle of governance is that an educational institution’s board and administration should preserve their independence from donors, elected officials, and external parties, such as “related entities” described above.

## **Conflicts of Interest and Related Policies**

Definition of conflict of interest. A conflict of interest occurs when a board member has a direct or indirect financial or other interest that may benefit him/her and/or immediate family members. Conflicts can arise if board members and/or their family members are:

- Employees of the educational institution
- Shareholders and owners of the educational institution
- Persons with an ownership or investment interest in any entity that has a transactional or other arrangement with the education
- Persons with contractual or other compensated relationships with the educational institution (such as the employee of a bank, the college’s lawyer or a consultant to the college)
- Persons who are appointed to the board by another entity with which they have ties.

Board members who have interests that fall into these categories are considered “interested” persons, meaning they have multiple interests that may come into conflict with the interests of the educational institution. Interested board members have a duty to disclose their other interests and to refrain from participating in discussions about or voting on any matters that relate to the conflict. Generally “interested” members leave the meeting when such matters are being discussed.

For example, employee-board members should not be involved in approval of budgets that set their salaries and bonuses. Shareholder-board members should not vote on any matter that can affect the issuance of dividends.

Concerns can arise when the board chair is responsible to a related entity, such as a religious institution, or serves as chair of more than one educational institution. The board chair has a special leadership role, for example, in setting agendas, making appointments, and leading discussions, and therefore can wield more influence than other board members. Whatever loyalties the board chair may have to other entities, the board chair must act in the best interests of the educational institution when acting as board chair. The board chair should not have extensive authority to act alone but should ordinarily act with the advance approval and consent

of the board and should respect limits on the chair's authority as set forth in the bylaws or comparable organizing documents. Finally, a serious potential conflict exists if one person serves simultaneously as board chair of two institutions of higher education, which may be competing for students, faculty, and/or resources; therefore this practice is discouraged and will be subject to careful scrutiny by teams.

Even boards without members who have multiple interests need good conflict of interest policies as situations may arise that create a real or potential conflict. For example, a conflict arises if the educational institution wants to retain the firm of a board member for services or consulting, or a college seeks to buy property that is owned by a board member or the member's employer or family.

Distribution of conflict of interest policies. Governing boards need to publish their conflict of interest policies, circulate the policies annually to the entire board and obtain up-to-date signed statements from each board member. By signing the policy, members agree to disclose potential and actual conflicts and to act in accordance with the policy re: discussing or voting on the subject of the conflict. All board members, especially the chair and other officers, should be mindful of everyone's conflicts and invoke the policy as situations arise, noting in minutes any recusals and absences resulting from conflicts.

Compensation of board members. For independent board members (who should make up the majority of the board), compensation for service is typically not provided, but if provided, needs to be modest. Some institutions, especially boards of for-profit institutions, compensate board members for their attendance at meetings or their service on the board. Any such compensation, other than a modest stipend, creates a conflict of interest and deprives the member of the status of being a "disinterested" board member. Although WASC has not set a specific monetary value limit on stipends, a stipend should not be substantial enough to provide an incentive to serve or remain on the board or to create a sense of loyalty to an entity or person other than the educational institution itself.

## **Qualifications of Governing Board Members**

Expertise of board members. Governing boards need members with specific expertise that can benefit the institution. Every institution has its own mission, values, culture, educational programs, and operational structure, all of which factor into the qualifications of the governing board. As stated in EC 4, the governing board, taken as a whole, should "[reflect] constituent and public interest through its membership." Most institutions seek to constitute a board that includes representatives of the community or communities it serves, that has expertise in governance, finance, and higher education, and that is diverse in terms of gender, racial-ethnic background, and other factors. Many institutions seek members who will bring stature and promote the reputation of the institution. Non-profit entities who engage in fund raising also seek members who will support them financially and/or seek such support from others.

Commitment to the institution. Institutions need board members who demonstrate an affinity with the mission of the institution and the constituencies served by it; who have expertise in some aspect of the institution's functioning; and who are willing and able to devote time and expertise to board work.

Knowledge of higher education. Governing boards should have some members with expertise in higher education to help the board understand the institutions' educational offerings, academic infrastructure, faculty, learning outcomes, quality assurance systems, and accreditation.

Financial skills and knowledge. Every governing board needs members with financial expertise, in order to oversee planning, budgets, and audits. The American Institute of Certified Public Accountants has published guidelines about the appropriate financial expertise for service on the audit committee of a non-profit entity. These guidelines apply to other kinds of institutions' boards as well:

- An understanding of generally accepted accounting principles (GAAP), generally accepted auditing standards (GAAS), and financial statements.

- The ability to assess the general application of such principles and standards in connection with the accounting for estimates, accruals, and reserves.
- Experience preparing, auditing, analyzing, or evaluating financial statements that present a breadth and level of complexity of accounting issues that can reasonably be expected to be raised by the organization's financial statements, or experience actively supervising (that is, direct involvement with) one or more persons engaged in such activities.
- An understanding of internal controls and procedures for financial reporting.
- An understanding of audit committee functions.
- A general understanding of non-profit financial issues and specific knowledge of the not-for-profit sector (for example, health care or education) in which the organization participates.

Board experience. It is helpful for governing boards to have members with experience in serving on boards and for boards to provide orientation, training and development. (See Guideline to CFR 3.9 re: board orientation and development.)

Publication of qualifications. Objective and relevant qualifications for board members written into the bylaws, governing documents, or board policies promote effective board composition and guard against unqualified persons who are appointed because of a relationship with someone else on the board or another related entity. An example of a bylaw provision might be requirements that board members must have extensive experience with postsecondary educational institutions as an academic, an administrator, or as a trustee or serve or have served in a leadership position in a financial or other designated kind of institution.

## **Functions of the Board**

As noted in CFR 3.9, governing boards “are expected to exercise appropriate oversight over institutional integrity, policies, and ongoing operations, including hiring and evaluating the chief executive officer.” To carry out its legal/fiduciary responsibilities, boards are expected to be involved in developing and to approve strategic plans and annual budgets; to monitor the achievement of plans and budgets regularly; to review annual financial audits and related financial reports as a means of ensuring the adequacy of financial management and controls and to promote financial sustainability. Boards are also expected to review and adopt the institution’s mission and vision statements and key institutional policies. Board responsibilities are ordinarily spelled out in bylaws or other organizing documents. The sections below set forth more details about board functions, which are typically carried out through a committee structure with committees reporting back and recommending actions to the full board.

## **Frequency of Board Meetings**

It is critical that the governing board meet frequently enough to carry out its high-level legal and fiduciary responsibilities for oversight and policy making. Although WASC does not specify a minimum number of required board meetings a year, it recognizes that it is good practice for boards to meet at least four times a year and to hold meetings of its committees throughout the year. Less frequent meetings may result in inadequate oversight of plans and regular operations; loss of momentum on board-developed projects; and gaps in communication about important issues or challenges. More frequent board meetings are not unusual. Governing boards also often have an executive committee, composed of a smaller group of members, which meets between meetings and can act in place of the board. For the board to operate independently, it should not allow too much authority in any one individual or committee, including the executive committee, and should take important actions at full board meetings. The number of meetings a year and the notice provisions for meetings should be set forth in the bylaws or other organizing documents.

## **Board Committees and Committee Structure**

Description of standing committees. Governing boards should have a committee structure that ensures that the board as a whole is meeting its legal and fiduciary obligations of oversight. Institutions usually establish standing committees in their bylaws or other organizing documents and have the power to create additional committees

for specific purposes. Committees ordinarily meet between regular meetings of the board, review material and reports, and provide reports and recommendations for action to the full board.

As noted in Eligibility Criteria 4, the minimum essential committees relate to finances, planning and budgeting; financial audit, which must be separate from the finance/budget committee; academic affairs; and a nominating committee that solicits and recommends board members. Many governing boards have other committees, such as investment, fund raising and development, and an executive committee composed of a small group of members that can act if necessary between regular meetings.

Composition of committees. Members with multiple interests should not constitute a majority on any given committee. If the institution's board has members who are employees or stockholders or have other kinds of multiple interests, the committees must be organized and composed in such a way that such members are not a majority on a committee. Committees should ordinarily have a minimum of three members, two of whom are independent, so that there is adequate breath of experience and knowledge in the committee's area of responsibility and so that too much power is not concentrated in a few individuals.

No one member should serve as chair of multiple committees. This assures that control is not concentrated in just one person, such as the board chair or chief executive officer.

### **Size of the Governing Board**

Appropriate size. Governing boards vary in size from fewer than ten up to 40 members. They are expected to be large enough so that multiple committees can be composed of a sufficient number of qualified and independent members. A very small board, such as one with only five members, will, by definition, not have enough qualified persons with expertise in finances, planning, audit, and academic matters, to populate all the committees, especially if the board has members with multiple interests who therefore cannot be in the majority on a committee. Further, it is sometimes challenging to achieve a quorum with an adequate number of independent members if a board is small.

The size of the governing board is set forth in the bylaws or other legal document that establishes the board. Most bylaws set a minimum and maximum size.

### **Quorum Requirements**

Definition of a quorum. Bylaws or other organizing documents establish the requirements for the number of board members present for the board to take action. Often this is a simple majority of board members; for changes to the bylaws or other key documents, a super-majority may be required.

If the board has members with multiple interests, the quorum requirement must be established so that the board can act only if a majority of disinterested, independent members are present. For example, if a board has 15 members, five of whom are also either owners or employees, the quorum requirement must be set at 11 so that a majority of six independent members are present. Alternatively, the quorum requirement can be set at a smaller number but mandate that action cannot be taken unless a majority of those present and voting are independent members.

### **Selection and Removal of Board Members**

Institutions set forth in organizing documents, usually the bylaws, methods by which members of the governing board are selected, replaced, and removed. These provisions should ensure that the board remains independent. One person, such as the institution's founder, or another entity, such as a parent corporation, a system, or a church, should not have the power to select, appoint and remove members of the governing board at will. For this purpose, the term "at will" means 1) without any cause being proven; 2) without any process, such as prior consultation with other governing board members; and 3) with the removal taking effect before the natural expiration of the member's term.



Nominating procedures. Governing boards need a committee with a majority of independent members that nominates and recommends members for election to the full board. A nominating committee should not be controlled by a single person (such as the institution's founder); another entity (such as a parent corporation, a system or a church); or a majority of employees (who have potential conflicts over compensation and may be deferential to a single founder or the chief executive officer). Another protection is to create limits on the proportion (less than a majority) of board members that can be selected or appointed by an individual, such as a founder, or a related entity such as a sponsoring church or parent company.

Procedures for removing board members. Governing boards need clear procedures to remove and replace board members that conform to the principles of independence. One way is with bylaw provisions that 1) allow for removal of members only for cause and specified reasons, such as misconduct and failure to attend meetings and 2) create a process to guard against inappropriate removal by a founder or related entity. The power to remove should be placed in the hands of the full board or a committee of the board that has a majority of independent members. If any power to remove is placed in single person or another entity, restrictions should be placed on that power, such as not allowing board members to be removed until a replacement, acceptable to an independent nominating committee, has been found.

### **Terms of Board Service**

Length of service. Governing boards need terms of service that promote continuity and independence. These provisions should be set forth in bylaws or other organizing documents.

Generally speaking, very short terms and very long terms are inadvisable and terms should be staggered. Some state statutes may require reappointment every year or limit terms to a maximum, e.g., twelve years. Having stated terms provides a potentially important expectation that, during the term, board members should be able to function free from interference or control by a single person or another entity.

Staggered appointments. Staggering terms promotes stability and independence. Even if terms are one year, as may be required by law, the board can observe a practice of reappointing members for multiple terms, such as three years, and stagger reappointments so that there is continuity on the board.

### **The Chief Executive Officer and the Board**

One of the critical responsibilities of the board, set forth in Eligibility Criterion 4 and in CFR 3.9, is the hiring and evaluation of the chief executive officer (CEO), usually called the president or chancellor. The board's authority to retain, evaluate and discharge the CEO is a critically important and should be specifically stated in the institution's bylaws or other organizing documents.

Selection of the CEO. Governing boards need clear procedures for the selection of the CEO. An independent search committee with an agreed-upon job description and process help to guard against inappropriate influence or control of the decision. Some entities with multiple boards have the independent governing board select the president but retain in another parent or sponsoring board the right to refuse to hire the board's selected candidate. In this case, the independence of the search is critically important in assuring that decision is made in the best interests of the educational institution.

Evaluation of the CEO. Governing boards also need clear procedures for the evaluation of the CEO. Some governing boards include the CEO as a voting or a non-voting member, which complicates the evaluation process. Although this practice is not prohibited, governing boards that include the president should be especially mindful of the president's dual role. They should establish a practice of having regular executive sessions without the CEO present and create a fair and independent process for reviewing the CEO's performance.

Good practice in the evaluation of the CEO involves regular, periodic written evaluation with feedback to the CEO. Many resources are available to assist boards in effectuating productive evaluations (e.g., the Association of Governing Boards). Examples of good practices include 360-degree evaluations every three

years combined with self-evaluations and the use of outside firms to ensure objectivity, along with annual reports on achievement of established goals.

The objectivity and fairness of presidential evaluation can be compromised if a majority of the board or the evaluating committee is employees, who by definition report to the CEO either directly or indirectly. A similar concern arises if a majority of the governing board consists of persons employed or controlled by another entity, such as a system, parent entity, or religious entity. In this case, the concern would be that the board would be controlled by persons whose primary loyalty might be to the related entity and who therefore might not be fair and objective in evaluating the CEO as the leader of the educational entity.

Removal or termination of the CEO. Governing boards need clear procedures related to the continued employment or termination of the CEO. These decisions should be handled by the board with recusals of interested parties and objective and stated criteria for removal. Decisions on removal should not be left entirely to a related entity although such entities may reserve power to endorse a recommendation for removal made by the governing board.

Clarification of roles and responsibilities of the CEO and board. In both formal organization and practice, the respective roles of the governing board and the president should be clear and the boundaries respected. The governing board should exercise oversight in its designated areas of responsibility – especially financial and major policy-making matters – but not be involved in the day-to-day operations and decisions, which are delegated to the president, administration and faculty. Likewise, the chief executive officer should provide open, accurate, complete, and candid reports to the governing board and not attempt to control the board or interfere with its exercise of its oversight responsibilities.

## **Powers of Related Entities**

Relationship between the board and related entities. The authority of a related entity over the accredited institution needs to be circumscribed in such a way that the independence of the institution and its governing board is not compromised. In the policy on “related entities,” organizational documents may require that certain corporate actions be approved by the board of the system, parent or sponsoring entity. In other words, the institution’s governing board does not have the ability to make the final decision in these areas. The authority of the board over these actions is usually referred to as the “reserve powers” in the institution’s bylaws or other organizational documents.

Care must be taken that the reserve powers left to the “related entity” are not so extensive that the institution’s governing board is robbed of its essential governance prerogatives. For example, setting forth in the bylaws a list of reserve powers that are ordinarily and appropriately the prerogative of the institution’s governing board and/or its CEO (approval of the budget, appointment and discharge of administration and staff, appointment of more than a majority of the board members) would impair the independence of the board.

As a general rule, it is acceptable to have certain extraordinary decisions, such as the sale of the assets of an institution, be reserved to the related entity, but the final decision on matters that involve the ordinary oversight and management of the institution should reside with the board. Finally, where a power is reserved, it is always important for the organizational documents to insure that the governing board will make the decision initially, reserving to the “related entity” only the power of final approval.

Conflicts of interest. The board’s independence can be compromised when the interests of the related entity and the interests of the educational entity – as an educational institution – conflict in some way. The governing board of the educational institution is charged to protect the educational institution from undue influence and challenges to its academic integrity. As noted above, conflicts of interest may occur in for-profit institutions with multiple boards and entities because the stated and well-understood interest of the shareholder is to increase the value of shares, an interest that can collide with investing more money in the institution, for example by increasing the number of full-time faculty, tightening admission standards and thereby reducing enrollment, or developing academic support programs that may increase completion rates but at a high cost.

The independence of a governing board may also be impaired in faith-based institutions where the sponsoring entity is a church, which, for example, appoints several members to the board and/or provides substantial

financial support to the institution<sup>1</sup>. In this case, the desire of the church and its members to promulgate the values and beliefs of the church can come into conflict with the best interests of the educational institution, particularly as those interests relate to the faculty control over the curriculum and the protection of academic freedom. The Standards do require institutions to commit to and protect academic freedom but also endorse the right of institutions “to instill specific beliefs and world views” so long as they are consistent with academic freedom. (See CFR 1.4 and related Guideline.)

For example, a challenge to academic freedom can occur if the board does not protect the right of a faculty member to “share their convictions and responsible conclusions with their colleagues and students in their teaching in in their writing.” (CFR 1.4) If a faculty member’s continued employment is jeopardized because of the expression of protected academic speech, the institution, including the governing board, must safeguard academic freedom. Likewise, if the sponsoring entity seeks to dictate or control the content of the curriculum in order that it comport with church teachings, the governing board needs to protect the right of the faculty to determine the content of the academic program. (Also see CFRs 2.1 and 3.11.)

### **Conclusion**

The independence of the governing board is an issue that will be determined by the WASC Commission after reviewing all of the relevant elements, including the method or methods by which board members are elected, removed, and the degree to which the decisions of the governing board are reviewed by another body before they may be implemented. Some criteria that are explicitly stated, such as the requirement that a majority of governing board members not be employed by or owners of the institution, must always be met. However, when making a judgment about the independence of the governing board, the Commission will attempt to consider all of the material structural elements with the object of determining whether they ultimately work together in such a way as to provide a structure in which the governing board can function with relative independence from undue interference from other persons or entities.

*Adopted by the Commission – June 15, 2012*

## **Appendix A: Summary of Characteristics of an Independent Governing Board**

1. A majority of the board members are independent; they are not employed by the institution, are not compensated by the institution, except for modest stipends, and do not have an ownership interest in the institution.
2. Compensation for services for the independent members of the board is modest – not substantial enough to provide an incentive to serve or remain on the board.
3. Governing boards have clear, published conflict of interest policies signed by each board member annually and followed.
4. Governing board members have relevant expertise that qualifies them to serve on the board.
5. Terms of board service are staggered to promote continuity and independence.
6. The quorum for the board to conduct business is based on the number of independent members.
7. Governing boards have at least four committees: finances, financial audit, academic affairs, and nominations.
8. All board committees have a minimum of three members each, at least two of whom are independent (i.e., a majority are independent).
9. No one member serves as chair of multiple committees.
10. The governing board is of sufficient size so that all committees can be adequately populated by qualified members without concentrating too much control in a small number of people.
11. The board has clear procedures to select, nominate, remove and replace board members, conforming to the principles of independence.
12. The board has clear procedures for hiring, evaluating, retaining or discharging the CEO that conform to the principles of board independence and responsibilities.
13. The powers of “related entities” do not significantly compromise the governing board’s responsibilities and independence.
14. The institution’s bylaws and/or other organizing legal documents address the issues described above.

## **Appendix B: Resources**

Association of Governing Boards  
<http://agb.org/>; 800-356-6317

American Institute of Certified Public Accountants  
<http://www.aicpa.org/Pages/Default.aspx>; 888-777-7077

National Council of Non-Profits  
<http://www.councilofnonprofits.org/>; 202-962-0322

## Appendix C: Glossary

**Bylaws:** This is the written instrument that contains the internal rules by which a corporation is governed. The bylaws describe the process whereby governing body members are selected, their terms, and any qualifications for membership. The governing instrument of an LLC is known as an Operating Agreement, but it is possible for an LLC to also have a set of bylaws.

**For-profit corporations:** These are statutorily created entities that have a relatively rigid structure mandated by statute and are invariably governed by a Board of Directors that are selected by the stockholders. For IRS purposes, for-profit corporations can elect to be taxed in a manner that is similar to partnerships. If they do that, they are known as Subchapter S corporations; if they do not, they are known as Subchapter C corporations.

**Governing body:** The body that is responsible for governing and managing the institution. It does so under various names, depending on the corporate structure: board of directors, board of trustees, board of managers, board of regents, and so on. When referring generically to this body, we use the term governing body.

**Holding company:** A legal entity, invariably a for-profit entity, either a corporation or an LLC, that controls one or more other subsidiary entities by holding a majority or more of the securities (stock) in those other subsidiary entities and, by such means, controls the right to elect a majority or more of the governing body of the subsidiary entities.

**LLC (Limited Liability Company):** LLCs are statutorily created entities which combine many of the advantages of the corporate and partnership forms. Briefly, they are taxed as partnerships but have the liability protections of corporations. They are all for-profit entities, and this structure is sometimes used by large educational systems, as an alternative to a conventional corporate structure. In contrast to for-profit corporations, the details of LLCs internal governance structures vary substantially since statutes do not mandate a single structure.

**Members:** The word member is used for non-profit corporations and for LLCs. For non-profit corporations the members are the persons or entities which, under the bylaws of a non-profit corporation, have the right to select the governing board of a non-profit corporation. Members of non-profit corporations have no ownership interest as such in the corporation and have no right to any share in the profits of the corporation. Members of an LLC are the investors of the LLC and are roughly analogous to shareholders and for-profit corporations. They may, but do not necessarily, have a right to elect persons to the governing body of the LLC.

**Non-profit Corporation:** A corporation which issues no stock and has no shareholders. Non-profit corporations divide into two general types: membership and non-membership.

**Operating Agreement:** This is the governing instrument of an LLC and contains many of the same rules regarding selection of board members, their terms, and so on, which are found in the bylaws of corporations.

**Parent Corporation:** A legal entity, generally a non-profit corporation, which controls another non-profit corporation, usually through the right to appoint persons to the governing body of the controlled corporation.

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<sup>i</sup> Also see page 5 concerning special conflicts of interests of board chairs.

# Initial Accreditation of Institutions Accredited by Another Agency

This section of the policy addresses the expectations and procedures that apply when an institution that is already accredited by a USDOE-recognized institutional accrediting agency seeks WASC ACSCU accreditation. Such an application may be occasioned because the institution is operating a separately accreditable unit within the WASC region, is relocating its headquarters and main campus to the WASC region, or – as in the case of institutions accredited by WASC ACCJC – plans to offer two or more baccalaureate degrees.<sup>1</sup> These procedures ensure that an applicant is evaluated against WASC Eligibility Criteria and Standards for Accreditation, regardless of its accreditation by another agency. Except for the provisions herein, all other elements of “How to Become Accredited” will apply.

The following expectations and procedures apply to an applicant institution:

1. **Accreditation Status:** The institution must be accredited and in good standing (that is, not under any formal sanction) with its current accrediting association at the time of the application. Any changes in the accrediting status that take place during the application process must be fully disclosed to WASC.
2. **Eligibility Application:** The institution seeking WASC accreditation must submit an eligibility application, and the appropriate fee, to verify that it meets the WASC Eligibility Criteria. In addition to the documentation typically expected for this review, the information will verify that the institution’s headquarters or primary campus operates within the WASC region or qualifies under the Policy on Separately Accreditable Institutions. If the applicant operates teaching locations outside WASC jurisdiction, the applicant will verify that such units meet applicable state regulatory requirements for each such location. The requested materials are also to include a copy of the visiting team report(s) and action letter(s) from the current accrediting agency that were produced in connection with the most recent comprehensive review of the institution and with any subsequent special or focused reports and actions.
3. **Eligibility Review.** An eligibility review panel will review the application under the Eligibility Criteria and these provisions. If the institution is found to meet all Eligibility Criteria, the review panel will grant eligibility and determine whether to proceed with a single combined visit or require that the institution undergo a two-stage visit process with a Capacity and Preparatory Review and Educational Effectiveness Review. In either case, the Committee will also highlight any issues that should be addressed in the self-review and visit process.
4. **Consultation with Other Accrediting Agency:** At the time when the applicant submits its eligibility application, staff will consult with the agency or agencies that already accredit the applicant institution to obtain full records of the applicant institution’s accreditation history and to determine if there are specific issues that have arisen in previous accreditation activity that should be addressed by WASC staff, the eligibility review panel, or the site team in considering the application.
5. **Application for Initial Accreditation:** Upon approval of the Eligibility Review Committee, the institution will submit an application for initial accreditation, the relevant fee, and supporting narrative and documentation as required by WASC.

As a component of the application, the institution will conduct a self-study of its compliance with WASC Standards. The institution will respond to each of the applicable Criteria for Review (CFRs) and provide supporting documentation as appropriate. The application normally should not exceed 50 pages, excluding appendices. The document “Self-Study Guidelines for Institutions Seeking Initial Accreditation Under Pathway B” is available on the WASC website.

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<sup>1</sup> This Pathway may also be available in the unusual circumstance when an institution currently accredited by WASC elects to divide itself into two separately accredited institutions. In such cases, the institution is advised to consult with WASC staff early in its planning in order to identify the issues that may need to be addressed.

Any changes in operational status, governance or ownership structures of the institution or its parent entity that occur during or as an aspect of the application must be fully disclosed to WASC. The responsibility for notification also applies to changes that the institution plans to make or knows will be made subsequent to the anticipated accreditation by WASC ACSCU.

6. **Communication with the Department of Education:** As a part of its application, the institution will stipulate that it has acquired, or intends to acquire, its own US Department of Education (DOE) Program Participation Agreement (PPA) and related Office of Postsecondary Education Identifier (OPEID) number. Even if the applicant is part of a system or has a parent entity that is accredited by an accrediting agency other than WASC, DOE policy requires the WASC accredited entity to obtain its own OPEID number within two years of receiving WASC accreditation in order to continue Title IV participation. If multiple governance entities are involved, the entities will submit a Memorandum of Understanding (MOU) stipulating the arrangement among them for ensuring oversight by the parent entity and compliance of the applicant institution with DOE requirements and procedures until such time as the applicant acquires its own number. The applicant institution must also verify that the appropriate Federal Student Aid (FSA) office has reviewed this MOU and has determined that it complies with relevant DOE policy. Should the WASC Commission approve the application and grant candidacy or accreditation to the applicant, the effective date of the action will be coordinated with the effective date of DOE recognition for Title IV purposes to ensure that students are appropriately covered at all times.
7. **Site Visit and Team Report:** Upon receipt of the application for accreditation and necessary fees, WASC will appoint a site visit team and schedule the dates for all necessary visits. For an institution with multiple locations, the team will visit its headquarters or main campus and a significant sampling of its instructional locations. If the institution offers programs by distance education, the team will evaluate these programs. Visits will be conducted to verify the information provided in the application and to address any issues raised by the ERC panel.

The site team will prepare a report of its findings showing how the institution complies with the WASC Standards. Prior to the submission of the final report to the Commission, the institution will be given an opportunity to review the report for correction of errors of fact. The institution will also be given an opportunity to prepare a written response to the final team report, which will be provided to the Commission for consideration along with the report.

8. **Final Review and Approval:** The site team will be able to make a confidential recommendation to the Commission as follows:
  - a. **Deny Candidacy or Initial Accreditation.**
  - b. **Defer action on the application.**
  - c. **Grant candidacy.** If the institution demonstrates compliance with the WASC Standards and CFRs at a *minimum* level, yet shows promise for achieving *substantial* compliance within the time period allocated for candidacy (four years), it may be designated as a Candidate institution.
  - d. **Grant initial accreditation.** If the institution is found to be in *substantial* compliance with all of the WASC Standards, the institution may be granted initial accreditation and placed on a comprehensive review cycle of five years. Such a designation does not preclude the Commission from requiring either an interim report or a special visit.

The Commission will follow its usual procedures in acting on the application, including providing an opportunity to the institution to meet with the Commission panel reviewing its application. The Commission will make its decision in keeping with the policy on "Commission Decisions on Institutions" (in the *Handbook of Accreditation*). Should the Commission deny the application by granting neither candidacy nor initial accreditation, the institution may either address deficient areas as identified by the Commission and resubmit its application or it may exercise the right of review and request for reconsideration as described in "How to Become Accredited."



9. **Effective Date of Candidacy or Accreditation and Annual Dues:** The date when WASC candidacy or accreditation becomes effective will be set by the Commission. Annual Commission dues will be prorated from that date.

*Approved by the Commission 4/13/2010*

## Institutions within a System (Public or Independent)

When several operationally separate units are governed by a single board with a central system administration, the purposes of accreditation will more nearly be served by close coordination between the institution, the system's central administration, and the Commission during the period of self-analysis, the on-campus visit, and the Commission hearing. The guidelines that follow are designed to assist all concerned in arriving at a clearer understanding of institutional purposes and accomplishments, while preserving integrity and autonomy.

### Section of Institutional Presentation Prepared By System Administration

The Institutional Presentation may include a section prepared by the system administration that briefly describes system objectives, policies, and operations, and provides an analysis of educational effectiveness. Alternatively, this information may be provided in a separate system-wide policy and data portfolio.

Other details the system might provide:

1. A description of the governing board;
2. A description of the procedure for the development and approval of new academic programs and major system policies;
3. A description of the system's academic program review process;
4. An outline of the budget process;
5. An explanation of relationships with, and authority of, agencies external to the system;
6. An explanation of relationships with, and delegation of, authority between the system office and the institutions;
7. Identification of system-wide groups, their organization and function. Such groups might include chief institutional administrators, as well as groups representing faculty, students, and alumni;
8. An appraisal of the effectiveness of the system in meeting its goals; and
9. A forecast of major programmatic, enrollment, and capital trends for the system in the next five or ten years.

### Institutional Appraisal

The institution includes in its Institutional Presentation, either in a separate section or otherwise, an appraisal of its identity as a system member and the effect of system policies on the achievement of institutional purposes.

### Visiting Teams and Their Relationship to the System Office

In order for a visiting team to have the best possible understanding of the system and the system relationships that affect the institution being reviewed, the following are recommended:

1. The team chair may wish to visit the central office to meet system officials to become familiar with systems operations and issues;

2. When a visit to central headquarters is not possible, a representative of the system will be available to the team by telephone;
3. A copy of the final report and Commission action letter will be sent by the institution to the system head;  
and
4. The system administration will make a report to the governing board following Commission action.

Please also refer to the policy on "Institutions with Related Entities."

# Instruction in Languages Other Than English

An institution that seeks to offer a degree program in which 50% or more of the instruction is taught in a language other than English may do so after review and approval from the Substantive Change Committee. Degree programs must be brought for review whether they are being offered within or outside the United States. When the first such program offered by an institution is reviewed, the Substantive Change Committee will determine if additional programs in languages other than English at that institution will require Substantive Change Committee review and approval.

The institution must be able to demonstrate that it has the capacity to offer the program in a manner consistent with Commission Standards. The following guidelines must be addressed in the proposal to the Substantive Change Committee.

- (1) All baccalaureate programs are expected to ensure the development of core learning abilities and competencies, including competency in college-level written and oral communication (see Criterion for Review 2.2). Accordingly, an institution offering a baccalaureate program in a language of instruction other than English must define appropriate entry-level language requirements and ensure the development of college-level written and oral competency in that language.
- (2) Regardless of the language of instruction, if a baccalaureate or professional program is being taught within the United States, the institution must establish appropriate competency goals in the English language, provide sufficient instruction in English to make it possible for students to achieve those goals, and have means for assessing success in achieving the goals.
- (3) The institution must be able to provide students with student support services in the language of instruction and have mechanisms in place to demonstrate and evaluate the effectiveness of such services.
- (4) There is a sufficient number of academically qualified faculty, regularly appointed by the institution, and responsible for instruction and oversight of the program in the language of instruction.
- (5) The faculty who teach in the program are sufficiently proficient in English to interact with the institution's other faculty and administration, or the institution has developed effective mechanisms for ensuring their communication with the wider institutional community, including appropriate review and evaluation of their work.
- (6) The institution has mechanisms for periodic evaluation of the program's currency and effectiveness, including achievement of student learning goals.

The institution has sufficient information resources in the language of instruction to support the program.

# International Students Policy

If an institution recruits and enrolls international students, the institution must demonstrate that it admits and serves such students in a responsible and sensitive manner.

1. Where the number of international students is significant, the institutional statement of purposes includes the education of international students and recognizes the consequent implications for the institution. Special services, including orientation, community assistance, personal and academic counseling, and special language programs, are adequate, available, and provided by persons specially trained for these purposes.
2. Before international students are admitted:
  - a. Foreign credentials are reviewed by competent evaluators who apply clear and consistent institutional standards. Appropriate English language skills for undergraduate- or graduate-level work are required for admission;
  - b. Representations regarding the institution, both written and oral, are accurate, up-to-date, and effectively communicated; and
  - c. Governmental regulations regarding the issuance of documents for new and continuing international students are made known to students, and are followed.
3. Once international students are on campus, they are subject to the same procedures, safeguards, legal protection, and general opportunities accorded domestic students. The institution should ensure that:
  - a. Undue reliance upon tuition or fee income from students who matriculate from one particular country or region is avoided;
  - b. Special fees, if assessed for international students, are dedicated to the provision of additional services for them;
  - c. Tuition and fees for international students are not significantly out of proportion to those charged to other students subject to similar legal residence requirements;
  - d. Required immigration, academic, and special services information is immediately accessible;
  - e. Mandated and technical services are in compliance with US government regulations for international students and are carried out by trained personnel; and
  - f. The academic freedom of international students is protected.

## Inter-Regional Accreditation Policy

Accreditation or candidacy granted by the Commission applies to educational offerings of the institution regardless of where the programs are offered. Unless a unit of an institution is designated as separately accreditable (see the policy on Separately Accreditable Institutions), the Commission is responsible for reviewing all off-campus locations where degree programs are offered by institutions that it accredits, including those offered in other regions (host regions).

If the state in which the institution is incorporated and maintains its central operations is located in a region of another U.S. regional accreditor, the accreditation decisions of that regional accreditor (the home region) will be recognized and accepted by other regional accrediting commissions, including those decisions related to the offerings of that institution in the region of the host accreditor.

As part of its review of each institution that offers off-campus locations, the Commission will determine which locations are to be visited. For those locations to be visited in another regional accreditor's region (the host region), the host regional agency(ies) will be informed of such visit(s) and given the opportunity to include a representative on the visiting team to the sites within the host region. Such representatives will participate as members of the site review committee and will apply the home commission's standards and processes. Findings from the site visits will be incorporated into the institutional report as determined by the home commission. Each commission will notify other regional accrediting commissions if a site review is scheduled in their region(s) as part of a substantive change or comprehensive review.

# Joint Degrees Offered Collaboratively by Two or More Institutions

## Definition

A joint degree program is one in which a program is offered collaboratively by two or more accredited institutions and leads to the award of a single degree issued jointly by participating institutions.

## Consultation with WASC

Institutions should consult with their WASC staff liaison with questions regarding proposed joint degree programs and are encouraged to review Commission expectations regarding academic programs and degree requirements by consulting Standard 2 in the [Handbook of Accreditation](#). While the Standards of Accreditation and the Criteria for Review (CFR) as a whole provide a framework for institutional self-evaluation, Criteria for Review 2.1, 2.2, 2.3, and 2.4 provide guidance on content, structure, nomenclature, and expectations for student achievement for baccalaureate and graduate degree programs.

## Application of Standards and Policies for Joint Degree Programs

Institutions are expected to design and operate joint degree offerings in conformity with WASC/ACSCU Standards of Accreditation and relevant policies. In particular, institutions must ensure the integrity of operations and quality of programs and courses leading to degrees that they award.

The following aspects of such programs are of special importance. Institutions offering joint degrees are expected to have clear written plans to offer, monitor and assess these programs and to enter into clear written agreements with partnering institutions, which address, as appropriate, the matters below. Citations to relevant Criteria for Review in the Standards of Accreditation and to WASC policies are provided.

- The program is consistent with the institution's mission and educational objectives (CFRs 1.1, 1.2)
- The primary purpose of the degree program is educational (CFR 1.6)
- The degree awarded represents a coherent course of study that is in keeping with the quality of other degree programs offered by the WASC/ACSCU accredited institution (Standard 2 and CFRs 2.1, 2.2)
- Sound practices are employed for the award of credit (CFR 2.1 and Policy on Transfer and Award of Credit)
- The program is approved by the faculty and administration of the institution in keeping with its usual decision-making processes (CFRs 3.8-3.11)
- The program is designed and operated in keeping with all relevant WASC Standards and policies. In particular, the institution takes responsibility for the following aspects of the program:

- Truthful representations about the program (CFR 1.7; also see Public Disclosure Requirements below.)
- Offerings that allow students to complete the program in a timely fashion (CFR 1.7)
- Appropriate practices in the recruitment of students (CFR 1.7 and relevant federal policies)
- Sound business operations and record keeping (CFR 1.8)
- Appropriate program level, content, and standards (CFR 2.1, 2.2)
- Adoption of student learning outcomes, expectations for student achievement, and means to assess student achievement (CFRs 2.3-2.6, 4.6-4.8)
- Application of institutional quality assurance processes, including program review (CFR 2.7, 4.4)
- Appropriate analysis of student needs, satisfaction, and success (CFR 2.10)
- Advising and other services to support student success (CFR 2.10-2.14)
- Admission of students in keeping with the program level (CFR 2.2 and 2.12)
- Sufficient and qualified faculty and staff (CFRs 2.1, 3.1, 3.2)
- Information resources, technology and facilities appropriate to the program (CFR 3.6)
- Teach-out plans that protect the students (Policy on Teach-out Plans and Agreements)
- Sound planning and budgeting (CFR 3.5, 4.1-4.3)

#### Status of and Relationship with Partner Institution(s)

Joint degrees may be offered by WASC/ACSCU-accredited institutions in partnership with many other kinds of institutions. These include other WASC/ACSCU-accredited institutions, other regionally accredited institutions, other educational institutions with national or specialized accreditation that is recognized by the United States Department of Education (USDOE), or educational institutions in other countries. Joint degrees with unaccredited entities in the US are not allowed under this policy.

The joint degree program must be subject to a detailed agreement with the partnering institution(s) that fully describes all aspects of the relationship. (See the section above on Application of Standards and Policies to Joint Degree Programs for matters that should be covered in plans and agreements.) If the partnering institution is not accredited by WASC/ACSCU, the agreement must assure that the WASC/ACSCU-accredited institution has sufficient authority over the program in keeping with sound educational practices and the Standards of Accreditation.

Institutions seeking to partner with an international institution that is not accredited by a USDOE-recognized accrediting agency must take steps to ensure that the partnering entity is appropriately licensed, approved or otherwise recognized by an appropriate governmental entity. Institutions should also exercise due diligence in investigating such entities to assure themselves of the quality of their offerings and the integrity of their operations.

A WASC/ACSCU-accredited institution seeking to partner with another institution to offer a degree program with shared coursework in the same discipline should also see the Policy on [Dual Degrees Offered Collaboratively by Two or More Institutions](#). A dual degree program is defined as a program of study offered collaboratively by two institutions that leads to the award of a separate degree from each of the participating institutions.

#### Residency Requirements for Joint Degree Programs

The Commission expects that a substantial proportion of the credit awarded toward the joint degree is earned in courses offered by the WASC/ACSCU-accredited institution and taught by its faculty.



## Public Disclosure Requirements

Institutions offering joint degree programs must take steps to ensure that students and the public fully understand the accredited status of the institutions offering the degree.

### Required Disclaimers

When the partnering institution is not accredited by WASC/ACSCU, the institution must make clear in all written communications with students and the public that its accreditation by WASC/ACSCU does not extend to the partner institution. To this end, the following disclaimer must be used:

“[Name of member institution] is accredited by the Accrediting Commission on Senior Colleges and Universities of the Western Association of Schools and Colleges of the United States of America. [Name of partnering entity or institution] is [accredited or approved] by [the name of the agency].”

### Application of Substantive Change Policy

Institutions seeking to offer a joint degree with a partner institution that is not accredited by WASC/ACSCU or another USDOE-approved accrediting agency must obtain approval through the WASC/ACSCU Substantive Change process prior to offering the program.

Institutions seeking to offer a joint degree with a partner institution that is accredited by WASC/ACSCU or another USDOE-approved accrediting agency are exempt from the Substantive Change approval process ONLY IF both institutions are approved by their respective accrediting agencies to offer programs at the level (Bachelor’s, Master’s or Doctorate) at which the new degree program will be offered without obtaining advance approval through the Substantive Change process.

Please refer to the *Substantive Change Manual* for specific guidance on substantive change policies that apply to joint degree programs.

*Ratified by the Commission, June 24, 2011*

## Law Schools in California

California institutions with law schools, including freestanding law schools, seeking accreditation or candidacy may apply to the Commission if:

1. As applicants for candidacy, the law school has been at least provisionally accredited by the Committee of Bar Examiners of the State Bar of California; or
2. As applicants for accreditation, the law school has been fully accredited by the Committee of Bar Examiners of the State Bar of California; and
3. In both instances, the institution meets the eligibility criteria of the Commission for candidacy or accreditation.

Standards and policies of the Commission will form the bases for the evaluation of all such schools and for Commission decisions. The standards or criteria of other accrediting or licensing organizations will not be used in lieu of WASC Commission Standards.

The institution should submit with its application all reports received within the preceding five-year period from other accrediting agencies, including the Committee of Bar Examiners of the State Bar of California.

## Legal Fees Policy

In the event that WASC receives subpoenas related to litigation between its accredited institutions and/or third parties, the institution involved in the litigation will be responsible for reimbursing WASC for all costs associated with responding to the subpoena, including the reasonable cost of legal counsel, staff time, and copying costs.

## Maintenance of Accreditation Records

The Commission maintains for each institution the reports of all accreditation teams, including the last two full accreditation or preaccreditation reviews, including on-site evaluation team reports, interim reports, special visit and fact-finding reports, and the institution's formal responses to these reports, and the letters to the institution reporting the Commission's action following each visit. In addition, the Commission shall maintain a copy of the institution's most recent self-study report (or Institutional Review), and all decisions regarding the accreditation and preaccreditation of any institution, including all correspondence that is significantly related to those decisions.

## Matters under Litigation

It is the policy of the Accrediting Commission not to become involved in litigation within an institution. The Commission is not an adjudicatory agency, and it is not the role or function of the Commission to arrive at any determination regarding the merits of any aspect of pending litigation. The Commission's concerns are to determine whether an institution is in compliance with Commission Standards and to assist institutions, through established procedures, in the improvement of quality.

Because of the sensitivities created when litigation is pending during a site visit team, the Commission has developed the following guidelines.

### Responsibility of the Institution

It is the responsibility of the institution to inform the Commission staff, prior to a visit, of any relevant pending litigation against the institution. The staff will consult with the accreditation liaison officer to determine if any special advice will need to be provided to the team chair. If interviews with the team are requested, the team chair shall determine how such interviews are to be conducted.

### Responsibility of the Visiting Team

Visiting teams should not comment on pending litigation in such a way as to express an opinion about the merits of the lawsuit or its outcome. Team members are not precluded from meeting with individuals involved in litigation and hearing from them regarding the litigation itself, or issues that are the subject of the litigation. However, team members are responsible for reporting such discussions to the team chair. If such a meeting is held, or if the subject of the litigation arises during the course of interviews, the institution will be informed by the team chair. Team members are cautioned against saying or writing anything that may be used by either party in support of their positions in the lawsuit.

If questions arise prior to, during, or after a visit, Commission staff should be consulted.

## Institutions with Non-educational Components Policy

WASC accredits educational institutions, not individual programs or courses. As stated in the Standards of Accreditation, the accredited entity must have purposes and practices “appropriate for an institution of higher education” (CFR 1.1). When it is supported by or affiliated with another organization or is part of a larger organization whose purpose is not primarily higher education, the accredited entity must have “education as its primary purpose and operate as an academic institution with appropriate autonomy” (CFR 1.6).

Under CFR 1.6 and this policy, the Commission applies the Standards of Accreditation only the educational components of the larger organization. Its accreditation does not extend to the larger entity of which the educational entity is a part or to the non-educational functions of the larger entity. Accreditation covers only the educational enterprise, including the resources, systems, processes, plans, degree programs, and other elements that, taken together, compose the educational undertaking. This limitation on the scope of accreditation should be clear in all communications with the public in which the institution's accreditation is mentioned.

In addition, when the legal organization that includes the WASC-accredited entity has purposes and significant functions that are non-educational in nature, special issues may arise in applying the Standards of Accreditation.

In such an institution, the governing board may have duties and responsibilities that include both the educational and the non-educational aspects of the entity; the administrative structure may include positions that are partially or entirely non-educational in nature; and the financial records may mingle educational and non-educational assets, liabilities, revenues, and expenses.

In these instances, the institution must be able to distinguish the educational (and thus accreditable) components of the entity from the non-educational components. The accredited entity must present financial information in a manner that allows the Commission and peer reviewers to evaluate the financial viability and management of the accredited entity under CFRs 1.8, 3.5 and other relevant Criteria for Review. Generally, institutions are also expected to have audits prepared in such a way that the educational and non-educational aspects of the entity are separated. In addition, the Commission may need to evaluate the financial sustainability of the larger institution in order to assess the financial sustainability of the educational unit being accredited. (Also see Policy on Related Entities.)

The Commission may require that minutes and records of the actions of the governing board and committees of the governing board be organized in such a way that that the educationally related actions and recommendations can be distinguished from those that are not. Job descriptions of employees, including faculty members, should be prepared in such a way that their educational duties can be distinguished from those that are not, in keeping with the relevant Standards, such as CFR 2.1, 3.1 and 3.2.

*Adopted February 18, 2011*

## Notice to Secretary of Changes in Scope of Recognition

The Commission will notify the Secretary of Education of proposed changes in policies, procedures, or accreditation standards that would alter its status or scope of recognition or might alter compliance with the criteria for recognition. The Commission will provide the Secretary with a copy of any annual report it prepares, its Annual Directory of Schools and Colleges, and the name and information about any institution that the Commission believes is failing to meet its Title IV, HEA program responsibilities, or is engaged in fraud or abuse. The Commission will respond with information to the Secretary's requests for information about accrediting activities and information that may bear upon an institution's compliance with its Title IV, HEA program responsibilities.

## Observers on Evaluation Teams

Occasionally, the Commission permits observers who are not on the roster of evaluators to participate in evaluation visits for purposes of research. The institution and the team chair will always be notified in advance and the consent of each will be obtained before an observer is permitted to join a team. Expenses shall be borne by the observer, unless otherwise arranged.

Please also refer to the "Agreement Form for Observers" on the WASC website.



# Overseas Educational Programs for Non-US Nationals

## The Principles of Good Practice

In 1990, the executive directors of the regional accrediting associations adopted a statement of “Principles of Good Practice in Overseas International Education Programs for non-US Nationals,” and agreed to recommend adoption of the statement by the individual regional commissions with the understanding that “each regional institutional accrediting body will apply these principles consistent with its own accrediting standards.”

The Accrediting Commission for Senior Colleges and Universities adopted the Principles, stressing that they will be applied in a manner consistent with its *Handbook of Accreditation*. In particular, the Commission stresses that:

- All off-campus and other special programs that provide academic credit are integral parts of the institution and maintain the same academic standards as regular campus programs (Standard 1).
- The faculty of the accredited institution exercises central responsibility for the academic programs, quality, and character of overseas programs. The faculty has the major role in design and implementation of the curriculum (CFR 3.11).
- Each overseas program has a core of fulltime faculty whose primary employment obligation is to teaching and research at the institution. (CFR 3.2)
- All undergraduate programs include a general education segment (CFR 2.2 and Guideline).
- Overseas programs provide library services and hold readily available basic collections at all program sites. Interlibrary loan or contractual use arrangements may be used to supplement basic holdings, but are not used as the main source of learning resources. (CFR 3.6)

## Institutional Mission

1. The international program is rooted in the US institution’s stated mission and purposes and reflects any special social, religious, and ethical elements of that mission.
2. The faculty, administration, and governing board of the US institution understand the relationship of the international program to the institution’s stated mission and purposes.

## Authorization

3. The international program has received all appropriate internal institutional approvals, including that of the governing board.
4. The international program has received all appropriate external approvals where required, including system administration, government bodies, and accrediting associations.
5. The US institution documents the accepted legal basis for its operation in the host country.

## Instructional Programs

6. The US institution specifies the educational needs to be met by its international program.

7. The content of the international educational program is subject to review by the US institution's faculty.
8. The international education program reflects the educational emphasis of the US institution, including a commitment to general education where appropriate.
9. The educational program is taught by faculty with appropriate academic preparation and language proficiencies and whose credentials have been reviewed by the US institution.
10. The standards of student achievement in the international program are equivalent to the standards of student achievement on the US campus.
11. The international education program, where possible and appropriate, is adapted to the culture of the host country.

## Resources

12. The institution currently uses, and assures the continuing use of, adequate physical facilities for its international education program, including classrooms, offices, libraries, and laboratories, and provides access to computer facilities where appropriate.
13. The US institution has demonstrated its financial capacity to underwrite the international program without diminishing its financial support of the US campus. Financing of the international program is incorporated into the regular budgeting and auditing process.

## Admissions and Records

14. International students admitted abroad meet admissions requirements similar to those used for international students admitted to the US campus, including appropriate language proficiencies.
15. The US institution exercises control over recruitment and admission of students in the international program.
16. All international students admitted to the US program are recognized as students of the US institution.
17. All college-level academic credits earned in the international program are applicable to degree programs at the US institution.
18. The US institution maintains official records of academic credit earned in its international program.
19. The official transcripts of record issued by the US institution follow the institution's practices in identifying, by site or through course numbering, the credits earned in its off-campus programs.

## Students

20. The US institution assures that its institutional program provides a supportive environment for student development, consistent with the culture and mores of the international setting.
21. Students in the international program are fully informed as to services that will or will not be provided.

## Control and Administration

22. The international program is controlled by the US institution.

23. The teaching and administrative staff abroad who are responsible for the educational quality of the international program are accountable to a resident administrator of the US institution.
24. The US institution formally and regularly reviews all faculty and staff associated with its international programs.
25. The US institution assesses its international programs on a regular basis, in light of institutional goals, and incorporates these outcomes into its regular planning process.

## Ethics and Public Disclosure

26. The US institution can provide to its accrediting agencies, upon request, a full accounting of the financing of its international program, including an accounting of funds designated for third parties within any contractual relationship.
27. The US institution assures that all media presentations about the international program are factual, fair and accurate.
28. The US institution's primary catalog describes its international program.
29. The US institution does not sell or franchise the rights to its name or its accreditation.
30. The US institution assures that all references to transfer of academic credit reflect the reality of US practice.
31. The US institution assures that if US accreditation is mentioned in materials related to the international program, the role and purpose of US accreditation is fairly and accurately explained within these materials.

## Contractual Arrangements

32. The official contract is in English and the primary language of the contracting institution.
33. The contract specifically provides that the US institution controls the international program, in conformity with these guidelines and the requirements of the US institution's accreditations.
34. The US institution confirms that the foreign party to the contract is legally qualified to enter into the contract.
35. The contract clearly states that the legal jurisdiction under which its provisions will be interpreted will be that of US institution.
36. Conditions for program termination specified in the contract include appropriate protection for enrolled students.
37. All contractual arrangements are consistent with the regional commissions' document, "Contractual Relationship with Non-Regionally Accredited Organizations."

# Ownership of Stock in For-profit WASC Institutions

## I. BACKGROUND

Federal laws prohibit persons with so called “insider” information about a publicly traded for-profit company from trading in the stock of that company. These prohibitions are generally known as the SEC insider trading rules. The Accrediting Commission for Senior Colleges and Universities, Western Association of Schools and Colleges (“WASC”) has determined, on advice of legal counsel, that the insider trading rules, under certain circumstances, may have applicability to persons, associated with WASC, who gain access to confidential information about publicly traded for-profit educational institutions and their related systems. In addition, the ownership of stock in accredited institutions raises issues of potential conflict of interest. WASC adopts the following policy to deal with these issues. This Policy prohibits the trading in the Stock of For Profit WASC Institutions during certain time periods, explained below, requires the disclosure of ownership in the Stock of For Profit Institutions and, under certain circumstances requires that individuals refrain from participation in decisions involving such institutions.

## II. DEFINITIONS

For Profit WASC Institution. A For Profit WASC Institution is any for-profit educational institution that has applied for eligibility, candidacy, or accreditation before WASC, any institution that enjoys eligibility, candidate or accredited status with WASC, and any entity affiliated with such educational institution, such as a parent holding company, provided the securities of such educational institution or its affiliated entity are traded on a public stock exchange, such as the New York Stock Exchange.

Applicant for eligibility, candidacy or accreditation. An institution becomes an applicant for eligibility, candidacy or accreditation, at such time as the institution has made a complete and formal application for eligibility, candidacy or accreditation and has paid the requisite fees.

Trading Freeze. The period of time in which trading (buying or selling) or the exercise of any options or puts in the stock of a For Profit WASC Institution is prohibited. The Trading Freeze does not apply to ownership in a mutual fund which includes a For Profit WASC Institution as one of its holdings.

## III. THE POLICY

### 1.) Trading Freeze

- Commission Members. Commission Members are subject to the Trading Freeze (prohibited from trading in the stock of For Profit WASC Institutions) during the time period, beginning with their receipt, in a Commission or committee meeting agenda packet, of any materials concerning a For Profit WASC Institution (as defined in Section II above) that is under consideration for a Commission or committee action until such time as the Commission’s or committee’s action on such For Profit WASC Institutions is made public. The agenda materials shall announce the existence of any applicable Trading Freeze and shall identify the institution(s) involved.
- Visiting Team and Committee members. The Trading Freeze shall begin upon the receipt by visiting team and committee members of materials about a For Profit WASC Institution and shall continue until such time as the Commission’s action on the institution is made public.
- WASC Staff. WASC staff members are prohibited from purchasing any stock in a For Profit WASC Institution (as defined in Section II above) during their employment (mutual funds excluded) and from otherwise trading in such stock during any period in which they possess

actual information about the For Profit WASC Institution which is not known to the general public and which could materially affect the price of the stock.

2.) Disclosures of Stock Ownership

- All Commission Members, visiting team and committee members shall execute conflict of interest statements which will include disclosure of any ownership interest in any For Profit WASC Institution (as defined in Section II above) in which they have made an investment costing twenty five thousand dollars (\$25,000) or more, mutual fund ownership excluded. WASC staff shall disclose on an annual basis any investments in a For Profit WASC Institution in which they have made an investment of any amount, mutual funds excluded.

3.) Participation when there is Stock Ownership

- Commission Members Commission members shall disclose and recuse themselves from participating in the discussion of and the voting on any For Profit WASC Institution (as defined in Section II above) in which they own stock or have made an investment in a For Profit WASC Institution of \$25,000 or more (except mutual fund ownership).
- Team and Committee Members. Prospective visiting team and committee members shall disclose and then not participate on any visiting team or committee review of a For Profit WASC Institution (as defined in Section II above) in which they have made an investment in a For Profit WASC Institution of \$25,000 or more (except mutual fund ownership).
- WASC Staff. A WASC staff member shall not be assigned to work with any institution in a liaison role when such staff member has an investment of any amount in a For Profit WASC Institution (except mutual funds).

*Adopted by the Commission, Feb. 18, 2011*

## Prior Approval for Outsourced Programs

If more than 25% of a new degree program will be delivered under contract with an institution or organization not certified to participate in Title IV, HEA programs, WASC Substantive Change approval must be obtained prior to implementation. (See also, WASC policy on *Contracts with Unaccredited Organizations*.)

## Policy on Proprietary Information

Institutions are expected to disclose all information which is material to their accreditation status with the Commission, and the refusal of an institution to share any material information is a ground for imposition of a sanction or denial of accreditation (See CFR 1.9). As a general rule, the Commission considers information it receives in connection with its accreditation of institutions to be confidential and will not make such information available to the general public. The Commission's general policies on the treatment of institutional information, including an explanation of where disclosure is permitted, can be found in WASC's Policy on Public Disclosure of Accreditation Documents and Commission Actions. However, the Commission recognizes the need for special confidentiality protections where the information is proprietary in nature.

This Policy sets forth special protections that the Commission will extend to proprietary information. In order to be protected by this policy, the institution will be expected to identify all information it considers proprietary prior to disclosing it to the Commission's staff or visiting teams. Once identified, the institution will also be expected to confirm the following about the information: (1) the information is in fact not known to the general public; (2) the institution has taken reasonable measures to insure its confidentiality, and (3) the information derives independent economic value to the institution from not being generally known to the general public. If requested by Commission staff, the institution will be expected to provide evidence which reasonably supports its claim that the identified information is proprietary. WASC will consider this request under the definition provided above and confirm or deny the designation of such information as proprietary.

WASC will:

1. Use proprietary information only in connection with the accreditation of the institution and will take reasonable measures to assure that all persons given access understand and agree that they are only to use such information in connection with the accreditation of the institution;
2. Not disclose proprietary information to persons outside of WASC, unless compelled to do so by law, statute or governmental regulation, and take reasonable measures to assure that the dissemination of proprietary information will be limited to persons with a need to know the information in connection with the accreditation of the institution;
3. Assure that all persons having access to such information on behalf of WASC are required to sign a special WASC nondisclosure agreement before they are permitted access;
4. Not permit the disclosure of proprietary information in any team report, action letter, or any other WASC document that is made available to the general public;
5. If any outside company, such as a CPA firm, is used to analyze proprietary information, inform the institution of (i) the identity of the outside company prior to sharing such proprietary information, and (ii) the content of the proprietary information being shared, and take reasonable measures to assure that the outside company protects the confidentiality and use of such information;
6. If required by law to divulge such information, provide the institution with as much advance notice as is practicable, prior to releasing it.
7. If applicable, inform those persons who are granted access to proprietary information of the Policy on Ownership of Stock in For-Profit WASC Institutions, and have such persons execute a special agreement to abide by this Policy.

Any work papers or other internal memoranda and records generated by members of WASC's staff, visiting teams, committees or the Commission that deal with or concern WASC's observations concerning such proprietary information shall at all times remain WASC's property, and decisions concerning the continued

retention of such information upon the conclusion of the assignment for which they were generated shall remain exclusively with WASC.

*Adopted by the Commission – June 15, 2012*



## Public Access to the Commission

The Commission typically meets at each Commission meeting, in both executive and public session.

Executive sessions are held for the following purposes:

1. To take institutional accrediting actions;
2. To review financial and personnel issues;
3. To review legal issues;
4. To assess consistency of Commission actions and the application of Commission Standards and policies to individual institutions or types of institutions;
5. To discuss the need for standards or policies arising from specific institutional accrediting actions; and
6. To assess Commission and staff functioning, workload and priorities.

Public sessions are two types:

1. Public hearings are occasionally conducted where formal comments and presentations from institutional representatives are solicited on policy issues or proposals for new standards, policies or procedures; and
2. Public meetings, where Commission conducts its business in public, are open to institutional representatives, and other interested parties.

All Commission Standards and Policies related to institutions are adopted in public session. Prior to adoption any Commission Standard or Policy relating to institutions will be circulated to institutions for comment. Notice of regular Commission meetings will be provided to institutions at least 30 days before each regular meeting of the Commission, indicating the agenda of the meeting.

Individuals who wish to bring items that are not on the agenda to the attention of the Commission shall request, no less than 14 days before the Commission meeting, by written statement to the executive director with a request that one or more items be placed on the agenda. Additions to the agenda, and time allocations for their discussion, are made at the discretion of the Commission. Special meeting of the Commission may be called because of the extraordinary circumstances. In such cases, notice of these time requirements may be waived.

If individuals wish to meet with members of the Commission, they must so advise the executive director no less than 14 days before the Commission meeting. If such a request is approved, the executive director will make arrangements for how many Commissioners will meet, when, and for how long, with the requesting individual(s).

When an institution under the Commission's jurisdiction is being considered for accreditation or candidacy, public notice shall be given on the WASC website, and opportunity shall be made for third-party comment concerning the institution's qualifications for accreditation or candidacy. Third-party comment must be submitted in writing, signed, accompanied by return address and telephone number, and addressed to the executive director of the Commission not less than 21 days before the scheduled Commission consideration.

At Commission meetings observers are seated as space allows. If the meeting, or a portion thereof, is conducted as a public *hearing*, the Commission shall establish procedures and time limits for comments by institutional representatives to the Commission. If the meeting, or a portion thereof, is conducted as a public

*meeting*, the Commission shall conduct its regular business. If time permits, at the end of the meeting, or at the end of the discussion of an individual item, a limited amount of time may be set aside for comments from observers.

## Minutes:

Minutes of actions taken at all public sessions shall be maintained and made available to any interested party following their approval by the Commission at the next succeeding meeting. Accreditation actions taken at each meeting shall be distributed to institutions within a reasonable time following that meeting. Additionally, a report of matters discussed and any actions taken in executive session, other than institutional accrediting actions, shall be prepared and made available to institutions.

# Public Disclosure of Accreditation Documents and Commission Actions

The Commission supports the principles of transparency and accountability in accreditation and therefore makes key documents relating to accreditation available to the public as set forth below. .

## I. Institutional Presentations and Other Institutional Reports

Institutions are encouraged to distribute throughout the institution institutional presentations, data exhibits, portfolios and relevant correspondence that are submitted to the Commission.

The Commission, with the approval of the institution, may permit representatives from other institutions access to the institution's reports. Also, with prior approval of the institution, the Commission may allow institutions' reports to be used by educators who are conducting research about accreditation.

## II. Team Reports and Commission Action Letters

Effective June 2012, team reports and Commission action letters relating to comprehensive reviews and Special Visits are posted on the WASC website following the relevant Commission action. If the institution wishes to post on its website a response to the Commission action and/or team report, the Commission will provide a link to the institution's website. The Commission decisions on Substantive Changes, including Structural Changes, will also be posted.

The Commission considers the reports of its visiting teams and its action letters to be foundational for institutional accountability and improvement. It therefore expects institutions to disseminate these documents throughout the institution for the purposes of promoting ongoing engagement and improvement and encouraging internal communications about specific issues identified in team reports and action letters. As described below, the Commission has formal procedures for transmission of action letters and established special expectations when a sanction is imposed. Under ordinary circumstances, it is up to each institution to determine how best to disseminate reports and action letters to the institutional community. Institutions are encouraged to use the accreditation process as an opportunity for ongoing improvement and not just a singular event.

As a matter of policy, the Commission action letter is sent to the institution's chief executive officer and the accreditation liaison officer. One week later, a copy of the letter is also sent to the chair of the governing board and to the system head, if the institution is part of a system. The Commission expects its action letters to be reviewed by the institution's governing board as part of its fiduciary responsibilities.

Institutions should avoid publication or distribution of selected excerpts of team reports or action letter that quote only statements that are favorable to the institution or that take statements out of context. This does not preclude schools and departments within an institution from quoting individual portions relating only to them. When selective quotations are made in public documents, the institution must also indicate that a copy of the entire report and/or Commission action letter can be obtained from the institution or on the WASC website.

In addition, when the Commission has issued a sanction or a negative decision, including Warning, Probation, an Order to Show Cause, or has denied candidacy or initial accreditation, or terminated accreditation, the Commission expects the action letter to be distributed to all full-time faculty and any other faculty with significant leadership roles, key staff and, student leadership within 30 days of the institution's receipt of the action letter. If the Commission acts to terminate accreditation, the institution is expected within 30 days to develop a communication plan. If the institution will cease operations, this communication plan must include its teach-out plan and agreements (see Policy on Teach-out Plans). In such cases, the institution must work with

Commission staff to obtain Commission approval of any teach-out plans and agreements and to obtain staff approval of communication plans. If the institution seeks a review and/or appeal of the termination decision, the teach-out plan and agreements(s), if applicable, will be due no later than 30 days after the conclusion of the review and/or appeal process, if the decision is to sustain the Commission action.

When the Commission issues a sanction or a negative action, a public statement is prepared to inform the public about the nature of the Commission's concerns and the procedures that will follow. While the institution has an opportunity to review this document prior to its publication, the Commission reserves the right to make the final determination about the content of the public statement. The Commission also requires a meeting at the Commission office within 90 days of the Commission meeting with Commission staff, the CEO of the institution, representatives of the governing board, and appropriate faculty leadership. The purposes of the meeting are to: a) further communicate the reasons for the Commission action; b) learn of the institution's plan to achieve wider notice within the institution of the action taken by the Commission and the reasons for it; and c) discuss the institution's plan for responding.

The accreditation process depends on the willingness of those who are knowledgeable about the institution, including students, faculty, members of administration, and the general public, to disclose, openly and candidly, information that reveals the institution's weaknesses, areas in need of improvement, and strengths. The Commission has found that maintaining the confidentiality of its records is an important factor in preserving that candor and openness and will not ordinarily release documents relating to the accreditation process other than those identified in this policy above. The Commission considers these documents to be confidential but also recognizes that there may be circumstances in which information will be made available to the public or to other interested entities, such as the Department of Education.

### III. Public Statements by Institutions

If an institution uses a public forum to take issue with an official action of the Commission relating to the institution, the Commission may provide any further information available to it, which has not previously been made available to the public. If the institution merely notes that it has sought a review or filed an appeal, the Commission will not release further information on the matter.

If an institution chooses to disclose its accredited status, the Commission, by federal regulation, requires institutions to identify WASC by name, including WASC's address and telephone number.

### IV. Public Disclosure by the Commission about Institutions

The Commission will also release the following information about accredited, candidate, or applicant institutions:

- a. The status of eligibility application(s) made and eligibility committee decisions;
- b. The dates of candidacy and/or accreditation;
- c. The date of denial or removal from candidacy;
- d. The date and nature of the most recent on-site evaluation or special report and subsequent Commission action regarding the institution's candidate or accredited status. (These documents will be publicly available as described above.)
- e. The date and nature of the next scheduled on-site evaluation or special report required by the Commission;
- f. For institutions placed on Warning, Probation or Show Cause status, denied candidacy or accreditation, or whose candidacy or accreditation is terminated, the date of such action(s) and a statement of the reasons for the action;

- g. Whether the institution has sought a review or appeal of a negative action of the Commission, and if so, the status and outcome of such review or appeal.

## V. Public Notice of Operating Procedures and Party Comment for Institutional Visits

WASC maintains and makes available to the public on its website the following documents and information:

- *Handbook of Accreditation* with the following:
  - a) Description and procedures for reaffirmation of accreditation
  - b) Standards of Accreditation
  - c) Policy on Commission Decisions on Institutions
  - d) Policy on Public Disclosure of Accreditation Documents and Commission Actions
- Commission policy statements on a series of issues related to the accreditation process, including the Commission Policy on Complaints Against Institutions
- *How To Become Accredited*, which includes the description of and procedures for eligibility, candidacy, and initial accreditation
- Names, academic and professional qualifications, and relevant employment and organizational affiliations of Commissioners and WASC administrative staff.
- Public notice when an institution is being considered for accreditation and reaccreditation, opportunity for third-party comment about the institution, and results of Commission decisions on institutional accreditation.

## VI. Public Correction of Incorrect or Misleading Information Released by an Institution

The Commission will take steps to correct inaccurate or misleading information that an institution releases about its eligibility, candidacy, or accreditation status; the contents of reports of onsite reviews; and the Commission's decisions with respect to institutions.

*Ratified by the Commission on February 24, 2012*

# Reapplication after Denial of Candidacy or Initial Accreditation

1. At the time that the Commission acts to deny candidacy or initial accreditation, it will determine whether the institution must reapply for eligibility or may reapply for candidacy or initial accreditation.
  - a. If the Commission permits the institution to reapply for candidacy, the Commission will indicate in its action letter whether the institution: 1) must undergo the full candidacy process, including the submission of required Capacity and Preparatory Review (CPR) and Educational Effectiveness Review (EER) reports and hosting of the related site visits, or 2) will be considered for candidacy by the Commission after a single Special Visit.
  - b. If the Commission permits the institution to reapply for initial accreditation, the Commission will indicate in its action letter whether the institution: 1) must undergo the full candidacy process, including submission of required CPR and EER reports and hosting of the related site visits, or 2) will be considered for initial accreditation after a single Special Visit.
2. Institutions that are denied candidacy or initial accreditation within the designated four-year period, and are reapplying for candidacy or initial accreditation pursuant to the provisions of the Commission's action letter, are subject to the following policies and procedures:
  - a. An institution that is reapplying for candidacy or initial accreditation must demonstrate "that it has addressed the issues leading to the denial, and in all cases, it must wait at least one year before reapplying." The one-year waiting period begins on the date of the Commission action letter denying candidacy or initial accreditation.
  - b. To reapply for candidacy or initial accreditation, the institution must submit a detailed and documented report setting forth the actions that have been taken to address the issues that led to denial.
  - c. The assigned WASC staff liaison and the previous team chair will review this material and determine whether the institution has adequately addressed the issues leading to the denial, in keeping with the terms set forth in Commission's last action letter.

The WASC staff liaison and team chair may determine either not to accept the institution's request, or to recommend that the institution be scheduled for the requisite visit or visits, for the purpose of re-evaluating the institution for candidacy or initial accreditation.

If the institution is permitted to proceed to a single Special Visit, as set forth in the Commission's previous action letter, the reapplication report will serve as the report reviewed by the Special Visit team. The staff and team may request additional information and documentation, as needed, to provide a complete report for the team.

If the institution is required to undergo the full two-stage review process for candidacy, the institution will submit the usual required reports associated with that process.

If the institution's application is not accepted, the letter from WASC will set forth the reasons for this decision. The institution may reapply again, following these procedures, after it has addressed the issues raised in the Commission's action letter denying candidacy or initial accreditation.

- d. If an institution that is denied candidacy or initial accreditation does not reapply within two years of the Commission action, it will be required to reapply for eligibility. If, within the two-year period, the institution shows good cause, staff may grant an extension of one year.

## Regard for Decisions of Other Agencies

In considering whether to grant initial accreditation or preaccreditation to an institution, the Commission will not grant initial or renewed accreditation if it knows, or has reasonable cause to know, that the institution is the subject of:

1. A pending or final action brought by a State agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education;
2. A decision by a recognized agency to deny accreditation or preaccreditation;
3. A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or preaccreditation; or
4. Probation or an equivalent status imposed by a recognized agency.

If upon review, the Commission acts to make an exception to any of the above and acts to grant accreditation or eligibility status, it will provide to the Secretary, within 30 days of its action, a thorough and reasonable explanation, consistent with its Standards, why the action of the other body does not preclude the granting of accreditation.

## Consideration of Accrediting Decisions of Other Agencies

The Commission adopts the following practices with respect to notice of adverse actions by other agencies:

1. If the Commission is notified by another recognized accrediting agency that an applicant or candidate institution has had a status of recognition with that agency denied, revoked, or terminated, the Commission will take such action into account in its own review if it is determined that the other agency's action resulted from a deficiency that reflects a lack of compliance with the *Handbook of Accreditation*.
2. If the Commission is notified by another recognized accrediting agency that an accredited institution has had a status of recognition with that agency revoked, suspended or terminated, or has been placed on a publicly announced probationary status by such an accrediting agency, the Commission will review its own status of recognition of that institution to determine if the other agency's action resulted from a deficiency that reflects a lack of compliance with the *Handbook of Accreditation*. If so, the Commission will determine if the institution's status with the Commission needs to be called into question or if any follow-up action is needed.
3. If the Commission is notified by a state agency that an applicant, candidate or accredited institution has been informed of suspension, revocation, or termination of the institution's legal authority to provide postsecondary education, the Commission will review its own status of recognition for that institution to determine compliance with the *Handbook of Accreditation*. If the Commission finds the institution is no longer in compliance with the Handbook, the Commission will determine the appropriate action to be taken.

In implementing this Policy, the Commission relies on other accrediting bodies and state agencies to inform the Commission of adverse action so the Commission can undertake the review specified in this policy. Applicants for eligibility with the Commission shall provide information on any actions by a recognized accrediting association within the past five years. In addition, the Commission requires candidate and accredited institutions holding accredited or candidate status from more than one USDE recognized institutional accrediting body to keep each institutional accrediting body apprised of any change in its status with one or another accrediting body.

## Related Entities Policy (Corporate Entity, System, or Religious or Other Funding Sponsor)

At some institutions, the governing board shares decision-making responsibility with one or more non-accredited "related" entities in areas such as finances, planning, governance, budget and approval processes, recruitment, information systems, or employee compensation. This policy is intended to ensure that accreditors receive appropriate assurances, and sufficient information and documentation, to determine whether such institutions comply with Commission standards and policies.

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 (herein "Related Entities"). Related entities may include institutional or corporate layers or groups. Ordinarily, local, county, and state legislatures, other accreditors, local advisory boards, and government agencies are not related entities. The scope of this policy does not include "contractual relationships" in which the accredited entity contracts for services. These are governed by a separate Commission policy.

When an institution shares certain functions with a related entity, the institution is responsible for presenting, explaining, and evaluating all significant matters and relationships involving related entities that may affect accreditation requirements and decisions at the time of application, candidacy, review for initial accreditation, comprehensive or interim evaluation, and all other times deemed relevant by the Commission. Although a related entity may affect an institution's ongoing compliance with accreditation standards, the Commission will review and hold only the institution responsible for compliance with accreditation standards. The Commission will protect the confidential nature of all information submitted by institutions or by related entities, except as otherwise required by law.

If an institution is part of a system with shared facilities or processes (e.g. library) or centralized information (e.g. strategic plan), it may use documents prepared by the system for other institutions or for other purposes in its report to the Commission.

If information submitted by an institution on behalf of itself or a related entity, proves to be substantively different from the actual or projected institutional performance, the Commission may reconsider its action or take other action. The institution will inform the Commission, through the substantive change process, of any change in the related entity's financial status, ownership, or governance, and any other development that might significantly affect the institution.

The institution will provide certification from the related entity(ies), and other information requested by the Commission, at the time of application, candidacy, review for initial accreditation, comprehensive or interim evaluation, and all other times deemed relevant by the Commission. The Commission may ask for a guarantee or different form of certification. Failure of an institution to provide the required certification, guarantee, or other information regarding the institution or related entity, as requested by the Commission, will be addressed as provided in the Commission's policies.

The Commission may modify provisions of this policy under appropriate circumstances.



## Review of Commission Standards

The Commission maintains a comprehensive, systematic program of review demonstrating that its Standards are adequate to evaluate the quality of the education provided by the institutions it accredits. The process occurs at regular, reasonable intervals and involves all of the agency's relevant constituencies.

## Separately Accreditable Institutions Policy Statement

In an effort to be consistent and equitable to all institutions, the following criteria for identifying separately accreditable institutions will be applied by each of the regional accrediting commissions.

An instructional site located in a region other than that of its home campus must seek separate accreditation in the region it exists if it functions independently of operational control of the parent college or university. An instructional site will be deemed operationally independent and accreditable by the host region when it meets these criteria. The instructional site:

- a. has substantial financial and administrative independence from the home institution including matters related to personnel;
- b. has a full time chief administrative officer;
- c. is empowered to initiate and sustain its own academic programs;
- d. meets, or has the potential to meet, the eligibility requirements of the host region; and
- e. has degree-granting authority in the state or jurisdiction in which it is located.

Each regional commission will determine if any of its affiliated institutions have instructional sites that appear to be separately accreditable. Following consultation with the host commission and the institution, the home region will make the determination as to the status of such sites that meet these criteria. The host region agrees to take deliberate steps toward reviewing any instructional sites identified as operationally independent in keeping with its policies and procedures for applying institutions. An institution identified as separately accreditable will continue to be included in the accreditation of the parent college or university until it achieves separate accreditation.

Off-campus instructional sites, regardless of location, not found to be operationally independent are included in the accreditation of the home campus. The operational independence of such sites is periodically reviewed under this policy.

## Sharing of Accreditation Information with Other Agencies

The Commission routinely shares with other appropriate recognized accrediting agencies and state agencies information about the accreditation or pre-accreditation status of an institution or program and any adverse actions it has taken against an accredited or pre-accredited institution or program.

Following each Commission meeting, the Commission will distribute to other appropriate recognized accrediting agencies and appropriate State agencies a list of actions taken on the accreditation and candidate status of institutions, noting all non-compliance actions and those monitoring actions that are public.

## **Statement on Degrees**

**A.A. and A.S.** degrees typically involve a minimum of 60 semester hours (or the equivalent) of study, include a general education component. They may be designed for transfer or for preparation for specific professional fields.

**B.A., B.S.:** An undergraduate degree normally representing about four years (120 semester or 180 quarter units) of college study, or its equivalent in depth and quality of learning experience. The B.S. usually implies more applied orientation and the B.A. more liberal education orientation, although these distinctions are not always clear.

**M.A., M.S.:** A first graduate degree, representing at least one year of post-baccalaureate study (30 semester or 45 quarter units), or its equivalent in depth and quality. The distinctions between M.A. and M.S. are similar to those between B.A. and B.S. Some M.A. and M.S. degrees are merely continuations at a higher level of undergraduate work without basic change in character. Others emphasize some research that may lead to doctoral work.

**M.B.A., M.P.A., M.S.W., etc.:** Professional degrees requiring up to two years of fulltime study. Extensive undergraduate preparation in the field may reduce the length of study to one year.

**Ph.D.:** The standard research-oriented degree which indicates that the recipient has done, and is prepared to do, original research in a major discipline. The Ph.D. usually requires three years or more of postgraduate work including an original research thesis or project.

**Ed. D., Psy. D., M.D., J.D., etc:** Degrees with emphasis on professional knowledge. These degrees normally require three or more years of prescribed postgraduate work.

*See also Standard 2 (CFRs 2.1, 2.2) in the 2008 Handbook of Accreditation for further detail.*

# Study Abroad Policy

Study abroad can be an important phase of undergraduate and graduate programs in American colleges and universities. Carefully planned and administered foreign study can add significant dimensions to a student's educational experience. A study abroad program should:

- a. Be clearly related to the objectives of the sponsoring or participating institution;
- b. Have a well defined rationale that states the specific nature and purposes of the program and is accurately represented in the institution's catalog and all promotional literature;
- c. Provide educational experiences related to the institution's curriculum;
- d. Be available to students who are carefully selected according to ability and interest;
- e. Have a carefully articulated policy regarding the availability of financial assistance to students for programs required by the institution;
- f. Have clearly specified language proficiency requirements, when appropriate to the program and place of study, and clearly defined methods of testing language proficiency prior to acceptance into the program;
- g. Provide intended participants with accurate and current information, specifically describing the following: program opportunities and limitations; how and where instruction will be given and the relationship to the foreign institution; grading practices; significant differences between a home campus experience and what can be expected abroad, including information about local attitudes and mores; and a description of local living conditions and the extent of responsibility assumed by the program for housing participants;
- h. Provide extensive orientation for participants prior to departure for, and on arrival in, the foreign country with respect to the matters in (g) above, and augmented with more detailed information and instruction related to the specific program;
- i. Provide counseling and supervisory services at the foreign center, with special attention to problems peculiar to the location and nature of the program;
- j. Guarantee adequate basic reference materials to offset any limitations of local libraries or inaccessibility to them;
- k. Include clearly defined criteria and policies for judging performance and assigning credit, in accordance with prevailing standards and practices at the home institution. A common basis for determining grade equivalents is established when several institutions are involved with a single overseas institution or in a consortium;
- l. Stipulate that students will not ordinarily receive credit for foreign study that is undertaken without prior planning or approval on the student's home campus;
- m. Include provisions for ongoing institutional oversight, including assessment of the educational effectiveness of programs;

- n. Assure fair reimbursement to participants if the program is not delivered as promised, for any reason within the sponsor's control; and
- o. Provide opportunity, at the conclusion of the student's program or upon return, to process and reflect on the experience in ways that may contribute to the student's and others' learning.

Cooperative arrangements are urged among American institutions seeking to provide foreign study opportunities for their students. In many cases, resident directors, faculty, and facilities could be shared with significant improvement in the efficiency and economy of the operation. One basic reference collection, for example, supported and used by students from several programs, is likely to be more satisfactory than several separate ones.

Credit is not awarded for travel alone. Commercially sponsored "study/travel programs" should be thoroughly investigated by an institution before it grants degree credit for these activities.

Travel/study courses sponsored by the institution must meet the same academic standards, award similar credit, and be subject to the same institutional control as other courses and programs offered by that institution.

Credit for travel/study courses is limited to a maximum of one semester unit of credit per week of full-time travel/study (or the equivalent in quarter system units), with one additional unit of credit for additional readings, papers and class meetings that are required before or after the course.

## Substantive Change Policy

Substantive changes in candidate or accredited institutions are to be reported to the Commission and approved in advance of implementation. A substantive change is one that may significantly affect the institution's quality, objectives, scope, or control, or that triggers conditions established in federal law. The Commission regards the following as examples of substantive change:

- ◆ any significant change in the established mission or objectives of the institution;
- ◆ any change in the legal status, form of control, or ownership of the institution;
- ◆ the addition of courses or programs that represent a significant departure, in either content or method of delivery, from those that were offered when the agency last evaluated the institution;
- ◆ the initiation of any degree programs in which 50% or more of the program is offered through correspondence, distance education or is electronically mediated;
- ◆ the addition of courses or programs at a degree or credential level for which the institution does not have General Approval;.
- ◆ a change from clock hours to credit hours;
- ◆ a substantial increase in the number of clock or credit hours awarded for successful completion of a program;
- ◆ a substantial increase in degree programs at an existing level, on- or off-campus, or mediated electronically;
- ◆ the establishment of an additional location that is geographically apart from the main campus and at which the institution offers at least 50 percent of an educational program.
- ◆ the establishment of a new degree program in which more than 25% of the program will be delivered under contract with an institution or organization not certified to participate in Title IV, HEA programs.

Each institution is responsible for developing internal procedures to assure that it is in compliance with the Commission's substantive change policies and procedures, and that new sites or programs are not initiated without obtaining the necessary approvals. Questions about whether a new program or site constitutes a substantive change should be addressed to Commission staff. Eligibility for federal financial aid is permitted for such off-campus and/or distance education programs or sites only if they are recognized and approved by the Commission through this process. If the Commission determines that a site or program has been initiated without such approval, the institution will be required to cease enrollments at that site, or for that program, until the necessary substantive change approval(s) have been obtained. If noncompliance occurs more than once, the matter shall immediately be referred to the Commission for consideration of a sanction for the entire institution for violation of its responsibilities under the Institutional Integrity portions of Standard 1.

A comprehensive explanation of the Commission's policies and procedures regarding Substantive Change may be found in the *Substantive Change Manual*, which is available on the WASC website. All related forms are also available on the website.

Please also refer to the policies on "Degree Level Approval" and "Distance Education and Technology-Mediated Instruction."

## Teach-Out Plans and Agreements Policy

An institution accredited by the Commission must submit to the Commission for its prior approval a teach-out *plan* or *agreement* upon the occurrence of any of the following:

- 1) The Secretary of Education notifies WASC that the Secretary has initiated an emergency action against an institution in accordance with section 487(c)(1)(G) of the HEA or an action to limit, suspend, or terminate an institution participating in any Title IV, HEA program, in accordance with section 487(c)(1)(F) HEA, and that a teach-out plan is required
- 2) WASC acts to withdraw, terminate, or suspend accreditation or candidacy of the institution.
- 3) The institution notifies WASC that it intends to cease operations entirely or close a location that provides one hundred percent of at least one program.
- 4) A state licensing or authorizing agency notifies WASC that an institution's license or legal authority to provide an educational program has been or will be revoked.

A teach-out *plan* means a written plan developed by that institution that provides for the equitable treatment of its own students if an institution, or an institutional location that provides one hundred percent of at least one program, ceases to operate before all students have completed their program of study, and may include if required by the institution's accrediting agency, a teach-out agreement between institutions. A teach-out *agreement* means a written agreement between two institutions that provides for equitable treatment of students under these circumstances. WASC may require an institution to enter into a teach-out agreement as part of its teach-out plan.

When an institution enters into a teach-out agreement with another institution, the initiating institution must submit the agreement to the Commission for approval prior to its implementation. The teach-out agreement may be approved only if the agreement is between institutions that are accredited by a nationally recognized accrediting agency; and

- a) must be consistent with applicable standards of accreditation and Commission Policies;
- b) must provide for the equitable treatment of students by ensuring that the teach-out institution has the necessary experience, resources, and support services to provide an educational program that is of acceptable quality and reasonably similar in content, structure, and scheduling to that provided by the institution that is closing or discontinuing its program(s), to remain stable, carry out its mission, and to meet all obligations to its existing students;
- c) must ensure that the teach-out institution can provide students access to the program and services without requiring them to move or travel substantial distances;
- d) must provide for notification of another accrediting agency if the teach-out institution holds accreditation from that agency; and
- e) must specify additional charges, if any, levied by the teach-out institution and provide for notification to the students of any additional charges

If an institution the Commission accredits or has granted candidacy to closes without a teach-out plan, the Commission must work with the Department of Education and the appropriate State agency, to the extent feasible, to assist students in finding reasonable opportunities to complete their education without additional charges. The Commission has adopted *Guidelines for Closing an Institution*, available from the Commission office.



## Title IV Compliance

### Response to Secretary regarding Title IV Compliance

Upon request of the Secretary of Education for the purpose of assisting the Secretary in resolving problems with the institution's participation in Title IV programs, the Commission will provide information it has available germane to an accredited or candidate institution's program responsibilities or eligibility to participate under Title IV of the Higher Education Act.

### Notification of the Secretary of Fraud or Abuse

The Commission will provide the Secretary of Education notice of the name of any institution it has reason to believe is engaged in fraud or abuse or is failing to meet its responsibilities under Title IV of the Higher Education Act, and the reasons for such concern. The Commission shall notify the institution if its name is submitted to the Secretary under this provision.

### Default Rates

Institutions participating in the Title IV programs under the HEA and designating WASC as their gate-keeping agency shall be able to demonstrate diligence in keeping loan default rates at an acceptably low level and must also comply with program responsibilities defined by the Department of Education. Institutions that have a default rate requiring a default reduction plan should provide a copy of their plan to the Commission. Commission staff shall review the plan to determine its appropriateness, and to determine if any follow-up action is needed. Excessive default rates in the student loan program may be cause for a special report or evaluation.

### Compliance with Title IV

During the course of the Preparatory Review, there will be a review of loan default rates and negative actions taken by the Department of Education regarding compliance of the institution with the requirements of Title IV. In addition, the Commission will review information provided by the Secretary of Education when notified of negative action taken by the Department regarding responsibilities under Title IV. The Commission will determine if the information calls into question compliance with Commission Standards and whether any follow-up action is needed. Excessive default rates in the student loan program may be cause for a special report or evaluation.

# Transfer of Credit Policy

The Commission recognizes that each institution is responsible for determining its own policies and practices with regard to the transfer and award of credit. Institutions are encouraged to review their policies and practices periodically to ensure that they accomplish the institution's objectives and that they function in a manner that is fair and equitable to students. As part of its review for candidacy, initial accreditation, or reaffirmation of accreditation, WASC will confirm that the institution has publicly disclosed its transfer of credit policies, including a statement of the criteria it has established regarding the acceptance of credit earned at another institution of higher education. The following principles and criteria should be considered by an institution as it formulates its policies on acceptance of transfer credit.

Transfer of credit is a concept that involves transfer between dissimilar institutions and curricula and recognition of extra-institutional learning, as well as transfer between institutions and curricula of similar characteristics. As their personal circumstances and educational objectives change, students seek to have their learning, wherever and however attained, recognized by institutions where they enroll for further study. It is important, for reasons of social equity and educational effectiveness, as well as for the wise use of resources, for all institutions to develop reasonable and definitive policies and procedures for acceptance of transfer of credit. Such policies and procedures should provide maximum consideration for the individual student who has changed institutions or objectives. It is the receiving institution's responsibility to provide reasonable and definitive policies and procedures for determining a student's knowledge in required subject areas. All institutions have a responsibility to furnish transcripts and other documents necessary for a receiving institution to judge the quality and quantity of a student's work. Institutions also have a responsibility to advise students that the work reflected on the transcript may or may not be accepted by a receiving institution.

## Accredited Institutions

Accreditation speaks primarily to the quality of the institution from which the student transfers, serving as the basic indicator that an institution meets certain minimum standards. In reviewing the accreditation status of an institution, special attention should be paid to whether the accrediting agency has received recognition from the Council for Higher Education Accreditation (CHEA). Although accrediting agencies vary in the ways they are organized and in their statements of scope and mission, all accrediting bodies that meet CHEA's standards for recognition function to ensure that the institutions or programs they accredit have met generally accepted minimum standards for accreditation.

Accreditation affords reason for confidence in an institution's or a program's purposes, in the appropriateness of its resources and plans for carrying out these purposes, and in its effectiveness in accomplishing its goals, insofar as these things can be judged. Accreditation speaks to the probability, but does not guarantee, that students have met applicable standards of educational accomplishment.

## Criteria for Transfer Decisions

Policy and practice for the evaluation and award of transfer credit emanate from an institution's decision that a student applicant is qualified to successfully engage the receiving institution's curriculum and benefit from its educational purposes and programs.

- 1. Comparability and Applicability:** Comparability of the nature, content, quality, and level of transfer credit, and the appropriateness and applicability of the credit earned, to programs offered by the receiving institution are as important in the evaluation process as the accreditation status of the institution at which the transfer credit was awarded. Since accreditation does not address these questions, this information must be obtained from catalogs, course syllabi, and other materials, and from direct contact between knowledgeable, experienced faculty and staff at both the receiving and sending institutions.

- 2. Balance in the Use of Accreditation Status in Transfer Decisions:** Institutions of postsecondary education that are not accredited by CHEA-recognized accrediting bodies may lack that status for reasons unrelated to questions of academic quality. Such unaccredited institutions, however, cannot provide a reliable, third-party assurance that they meet or exceed minimum standards. It is therefore incumbent on the receiving institution to take special steps to validate credits that have been previously earned at unaccredited programs or institutions. Acceptance of transfer credit should not be made solely on the accreditation status of an institution. This is just one of the factors to be considered in evaluation of transfer credit. After review of the student transcript and any related documentation, if feasible, the receiving institution, upon request, may provide reasonable explanation to student applicants about why work is or is not accepted for credit.
- 3. Consistency:** Policies and practices that inform transfer decisions are to be applied consistently. This principle becomes even more important in the context of two national trends; that of changing student attendance patterns reflecting higher incidence of transfer rates, and emerging new providers of higher education, with attendant new sources of credits and experience to be evaluated.
- 4. Accountability for Effective Public Communication:** Full and accurate disclosure of transfer policies and practices is important in ensuring the public that the transfer process is built on a strong commitment to fairness and effectiveness.
- 5. Commitment to Address Innovation:** Institutions need to be flexible and open in considering alternative approaches to managing transfer when these approaches will benefit students. Distance learning and other applications of technology generate alternative approaches to many functions of colleges and universities, including transfer policy and practice.
- 6. Applicability of Credit for Degree Purposes:** At some institutions, there may be differences between the acceptance of credit for admission purposes and the applicability of credit for degree purposes. A receiving institution may accept previous work, place credit value on it, and enter it on the transcript. However, that previous work, because of its nature and not its inherent quality, may be determined to have no applicability to a specific degree to be pursued by the student at the receiving institution. Institutions have a responsibility to make this distinction, and its implications, clear to students before they decide to enroll. This should be a matter of full disclosure, with the best interests of the student in mind. Institutions also should make every reasonable effort to reduce the gap between credits accepted and credits applied toward an educational credential.
- 7. Evaluation of Credit from Foreign Institutions:** In most cases, foreign institutions are chartered and authorized by their national governments, usually through a ministry of education. Although this provides for standardization within a country, it does not produce useful information about comparability from one country to another. No other nation has a system comparable to voluntary accreditation. The Division of Higher Education of the United Nations Educational, Scientific, and Cultural Organization (UNESCO) is engaged in a project to develop international compacts for the acceptance of educational credentials. At the operational level, four organizations—the Council on International Educational Exchange (CIEE), the National Council on the Evaluation of Foreign Student Credentials (CEC), NAFSA: Association of International Educators, and the National Liaison Committee on Foreign Student Admissions (NLC)—often can assist institutions by providing general guidelines for admission and placement of foreign students. Equivalency or placement recommendations are to be evaluated in terms of the programs and policies of the individual receiving institution.
- 8. Validation of Extra-Institutional and Experiential Learning:** Transfer of credit policies should encompass educational accomplishment attained in extra-institutional settings as well as at accredited postsecondary institutions. In deciding upon the award of credit for extra-institutional learning, institutions may find the services of the American Council on Education's College Credit Recommendation Service helpful. One of the service's functions is to operate and foster programs to determine credit equivalencies for various modes of extra-institutional learning. The service maintains evaluation programs for formally structured courses offered by the military, and civilian non-collegiate sponsors such as business, corporations, government agencies, and labor unions. Evaluation services are also available for examination programs for occupations with validated job proficiency evaluation systems, and for correspondence courses offered by schools accredited by the National Home Study

Council. The results are published in a guide series. Another resource is the General Education Development (GED) Testing Program, which provides a means for assessing high school equivalency. For learning that has not been validated through the ACE formal credit recommendation process or through credit-by-examination programs, institutions may wish to explore the Council for Adult and Experiential Learning (CAEL) procedures and processes. Pertinent CAEL publications designed for this purpose are available.

## Use of This Statement

This policy draws upon two advisory statements issued by CHEA, which are available on its website at [www.chea.org](http://www.chea.org), and were approved by each of the regional accrediting Commissions, the American Association of Collegiate Registrars and Admissions Officers, the American Council on Education/Commission on Educational Credit, and the Council on Postsecondary Accreditation. Institutions are encouraged to use this Statement as a basis for discussions in developing or reviewing institutional policies with regard to transfer.

*Revised and adopted by the Commission, 11/06/2009*

## Unannounced Visits

At its discretion, the Commission may choose to conduct unannounced visits to institutions when circumstances lead the Commission to believe that an institution's activities may not be in conformity with the Commission's Standards. Unannounced visits may also be conducted to verify that institutional representation of off-campus activities is accurate and consistent with its representations to the public.