

**DEAC CHAIR’S REPORT TEMPLATE**

**for Deferral, Show Cause, and Special Visits**

Background

The Distance Education Accrediting Commission’s accreditation process is grounded on the fundamental principle of peer review that enables faculty and administrative staff from within higher education to make recommendations essential to ensuring the quality of learning and institutional operations for all students. The process is guided by transparent standards that are established collaboratively by professional peers and member institutions.

**Note:** This Chair’s Report Template is for use in reviewing the results of a deferral, show cause, or special visit.

The Commission may take one of four courses of action when evaluating a candidate for accreditation or reaccreditation. It may grant accreditation, defer accreditation, require an institution to show cause as to why its application accreditation should not be denied, or deny accreditation.

**Deferral**: An institution’s accreditation may be deferred by the Commission, pending the receipt of additional information and/or results of a follow-up on-site site evaluation.

**Show Cause:** In cases where the Commission does not believe that an institution has demonstrated compliance with accreditation standards and other requirements, the Commission will direct the institution to Show Cause as to why its application for accreditation or reaccreditation should not be denied. In certain situations, where a large number of accreditation standards may be implicated by the Commission’s identified concerns or where the Commission identifies systemic problems, the show cause directive may require the institution to submit to a comprehensive re-evaluation. This may include a requirement that the institution submit an updated application for accreditation in order to update and confirm eligibility status and an updated SER, as well as a new curricular review and on-site visit.

**Special Visit:** Upon review of the application for accreditation or reaccreditation of an institution that has previously received a show cause directive, a decision is made on the institution’s compliance with the accreditation standards or requirements noted in the directive. The Commission may continue the show cause directive and require the submission of additional information or further reports from the institution and/or a special visit in accordance with Section X.A.

The Commission may also require a special visit due to unusual circumstances or failure by the institution to meet its obligations to the Commission. The Commission’s requirement for a special visit may be triggered by:

* a serious or an unusually large number of student or other complaints e.g., “whistle-blower” complaints;
* state or federal investigations or legal action taken against an institution;
* an institution’s failure to continue to comply with a condition of accreditation;
* reported negative financial conditions or events;
* a show cause directive issued by the Commission;
* governmental complaints against the institution; or
* similar serious concerns.

The on-site visit provides an opportunity for evaluators to meet with key staff members, faculty/instructors, principal managers, outside accountants, governing board members, and advisory council members. The evaluators verify whether or not the institution has satisfied the Commission’s requirements enumerated in a Deferral Notice, Show Cause Directive, or Special Visit Directive. In all cases, the Commission will have identified the accreditation standards which the institution will need to demonstrate compliance.

The on-site evaluators’ reports inform the Commission whether the institution meets, partially meets, or does not meet each of the DEAC accreditation standards and core components. This Chair’s Report also reports whether or not the institution has resolved the issue(s) identified for a given standard, or if additional requires actions are needed to demonstrate compliance.

Approximately four to six weeks after the on-site visit, the Chair’s Report is provided to the institution for response. Both the Chair’s Report and the institution’s response are submitted to the Commission for review prior to final decision making.

The Chair of the on-site team is responsible for guiding the completion of the on-site evaluation in accordance with the Commission’s processes and procedures and ensures that evaluators complete their tasks during the on-site evaluation.

**Self-Evaluation Report** **(SER**)
The Self-Evaluation Report tells a story about the institution, beginning with its history and mission and then focusing on its evolution and future. Institutions have the opportunity to present their passion for serving students and providing educational options that will shape future generations. Institutions craft their story using the Self-Evaluation Report template as a guide while demonstrating how their policies and procedures meet DEAC’s accreditation standards.

# Instructions

The Chair receives independent reports from each on-site team member two weeks after the on-site evaluation. It is the Chair’s responsibility to review and assess the accuracy of the individual team members’ reports and, by completing the following report template, to present an overall determination of whether the institution adequately demonstrates that it meets DEAC’s accreditation standards.

Findings guidelines:

* **Meets Standard:** The institution demonstrates compliance with the intent of the accreditation standard or core component.
* **Partially Meets Standard:** The institution was able to demonstrate compliance with some, but not all, of the elements contained in the accreditation standard or core component.
* **Does Not Meet Standard:** The institution was unable to demonstrate compliance with a majority of the elements contained in the accreditation standard or core component.

**Note:** The role of the evaluation team and the Chair during Deferral, Show Cause, and Special Visits is twofold:

* To review whether or not the institution has provided sufficient evidence of compliance with the Commission’s required actions, AND
* To determine whether the institution adequately demonstrates that it comprehensively meets DEAC’s accreditation standards. The on-site team’s analysis of the institution is not limited to the issues originally noted by the Commission. The institution must demonstrate compliance with all DEAC accreditation standards.

The Chair should provide clear and concise descriptions within the “Comments” section of the report to support each determination that a standard or core component is met, partially met, or not met. If an institution meets the accreditation standard, the Chair may want to consider highlighting within the Comments section the processes and procedures the institution followed that enabled it to demonstrate compliance. If an institution partially meets or does not meet a standard, the Chair needs to adequately describe why the evaluation team reached this decision and refer, as appropriate, to narrative sections and exhibits within the SER that support the determination.

The Chair must also indicate the required actions necessary for the institution to demonstrate compliance with the partially met or unmet accreditation standard. Each required action must be tied back to an accreditation standard or core component.

For required actions, the Chair should begin each statement with, “[Insert Name of Institution] needs to [insert the action necessary by the institution to demonstrate compliance with the accreditation standard.]”

The Chair must further indicate if the issue(s) identified by the Commission in the Deferral Notice, Show Cause Directive, or Special Visit Directive has been resolved or if additional required actions are needed. **If the issue(s) of concern raised by the Commission are resolved**, explicitly explain how the evaluation team reached this conclusion and describe the evidence the institution provided during the review. **If required actions are still needed** to demonstrate compliance with the Standards identified by the Commission, explicitly state these requirements and clearly identify the evidence that the institution needs to provide in response to the Chair’s Report.

As part of the peer review process, it is important that institutions receive suggestions for improving their educational offerings and support services. The accreditation process allows the institution to benefit from an external review and perspective. The Chair is encouraged to provide suggestions within the report. Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

For suggestions, the Chair should begin each statement with, “[Insert Name of Institution] may want to consider [insert the recommendation for improvement.]”

The Chair may not agree with a determination made by another on-site team member. It is the Chair’s responsibility to review the merits and evidence presented for each determination. It is within the Chair’s discretion to change a determination as necessary based on the institution’s response and evidence presented during the on-site visit.

**Report Submission:** The Chair emails the completed report to the DEAC director of accreditation four weeks after the on-site visit. Once all information is received, DEAC notifies the Chair to appropriately dispose of all institutional materials.

Helpful Hints

* The Chair’s Report should be objectively written in third person, narrative format using declarative sentences and simple verbs. The report should avoid broad generalities and speculative views.
* The Chair’s Report represents an accurate, concise, factual, and thorough presentation of the team’s findings during the on-site visit.
* When making an overall determination whether the institution meets, partially meets, or does not meet accreditation standards, the Chair should include evidence of documents reviewed on-site or analyzed in the Self-Evaluation Report and Exhibits that led to the finding. Include specific examples.
* The Chair’s Report documents attributes and deficiencies using language found in the accreditation standards and core components. All deficiencies must be documented.
* The Chair’s Report should not require an institution to implement a new program or procedure in order to demonstrate compliance with a partially met or unmet accreditation standard. The Chair’s Report states the required action necessary to provide evidence or demonstrate compliance. The institution bears responsibility for demonstrating compliance with DEAC’s accreditation standards.
* The Chair’s Report accurately presents comments, required actions, and suggestions using direct quotations, references, data, and examples from team members’ reports.
* The Chair’s Report should not reference individual team members’ reports or contain supporting exhibits.
* The Chair’s Report does not make recommendations to the Commission concerning the overall accreditation of the institution.

# DEAC Chair’s Report – Deferral, Show Cause, or Special Visit (Confidential)

Name of Institution: Name of Institution

Date of On-site Visit: Date of On-site Visit

Submitted By: Evaluator Name

Date of Report: Date of Report

# On-site Team Members

Chair

Name
Title
Institution or Affiliation

Education Standards Evaluator

Name
Title
Institution or Affiliation

Business Standards Evaluator

Name
Title
Institution or Affiliation

Subject Specialist

Name
Title
Institution or Affiliation

Subject Specialist

Name
Title
Institution or Affiliation

DEAC Staff Observer

Name
Title
Institution or Affiliation

# Summary of Findings

**Standard I: Institutional Mission**

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| Core Components | Finding |
| 1. Description of the Mission
 | Choose a finding. |
| 1. Review and Publication of the Mission
 | Choose a finding. |

**Standard II: Governance**

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| --- | --- |
| Core Components | Finding |
| 1. Owners, Governing Board Members, Officials, and Administrators
 | Choose a finding. |
| 1. Reputation of Institution, Owners, Governing Board Members, Administrators, and Other Officials
 | Choose a finding. |
| 1. Succession Plan
 | Choose a finding. |
| 1. Maintaining Eligibility for Accreditation
 | Choose a finding. |

**Standard III: Institutional Planning and Effectiveness**

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| Core Components | Finding |
| 1. Mission Achievement
 | Choose a finding. |
| 1. Strategic Planning
 | Choose a finding. |
| 1. Institutional Effectiveness
 | Choose a finding. |

**Standard IV: Academic Achivement**

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| Core Components | Finding |
| 1. Student Learning Outcomes
 | Choose a finding. |
| 1. Direct Measures
 | Choose a finding. |
| 1. Indirect Measures
 | Choose a finding. |

**Standard V: Student Achievement and Satisfaction**

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| Core Components | Findings |
| 1. General Program Requirements
 | Choose a finding. |
| 1. General Education Requirements for Undergraduate Degrees
 | Choose a finding. |
| 1. Alternative Program Structures
 | Choose a finding. |
| 1. Program Advisory Council(s)
 | Choose a finding. |

 **Standard VI: Curriculum Development**

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| Core Components | Findings |
| 1. Program Curricula Development
 | Choose a finding. |
| 1. Instructional Design and Materials
 | Choose a finding. |
| 1. Academic Units of Measurement
 | Choose a finding. |
| 1. Credit Hour Definition
 | Choose a finding. |

**Standard VII: Learning Materials, Resources, and Research Support**

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| Core Components | Findings |
| 1. General Learning Resources
 | Choose a finding. |
| 1. Course Level Learning Resources
 | Choose a finding. |
| 1. Library and Research Support
 | Choose a finding. |
| 1. Evaluation, Review, and Revision
 | Choose a finding. |

**Standard VIII: Academic Delivery**

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| Core Components | Findings |
| 1. Curricula Delivery
 | Choose a finding. |
| 1. Supporting Academic Technologies
 | Choose a finding. |

**Standard IX: Academic Leadership and Staffing**

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| Core Components | Findings |
| 1. Academic Leadership
 | Choose a finding. |
| 1. Faculty Qualifications
 | Choose a finding. |
| 1. Faculty Training
 | Choose a finding. |
| 1. Professional Development and Scholarship
 | Choose a finding. |

**Standard X: Academic Policies**

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| Core Components | Findings |
| 1. Admissions Criteria
 | Choose a finding. |
| 1. Transfer Credit
 | Choose a finding. |
| 1. Prior Learning Assessment
 | Choose a finding. |
| 1. Student Integrity and Academic Honesty
 | Choose a finding. |
| 1. Grading Policies
 | Choose a finding. |
| 1. Satisfactory Academic Progress
 | Choose a finding. |
| 1. Institutional Review Board
 | Choose a finding. |

**Standard XI: Recruitment and Enrollment**

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| Core Components | Findings |
| 1. Student Recruitment
 | Choose a finding. |
| 1. Verification of Student Identity
 | Choose a finding. |
| 1. Compulsory Age
 | Choose a finding. |
| 1. Enrollment Agreements
 | Choose a finding. |
| 1. Financial Disclosures
 | Choose a finding. |
| 1. Scholarships
 | Choose a finding. |
| 1. Discounts
 | Choose a finding. |
| 1. Admission Process
 | Choose a finding. |

**Standard XII: Student Support Services**

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| Core Components | Findings |
| 1. Student Inquiries and Requests for Assistance
 | Choose a finding. |
| 1. Individual Differences
 | Choose a finding. |
| 1. Student Support
 | Choose a finding. |

**Standard XIII: Fair Practices**

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| Core Components | Findings |
| 1. Confidentiality and Privacy
 | Choose a finding. |
| 1. Complaint Procedures
 | Choose a finding. |
| 1. Cancellation and Withdrawals
 | Choose a finding. |
| 1. Refunds
 | Choose a finding. |
| 1. Performance Disclosures
 | Choose a finding. |
| 1. Advertising and Promotion
 | Choose a finding. |
| 1. Institution and Course Accredited-Status Recognition
 | Choose a finding. |
| 1. Truth in Lending
 | Choose a finding. |

**Standard XIV: Finance**

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| Core Components | Findings |
| 1. Financial Practices
 | Choose a finding. |
| 1. Financial Management
 | Choose a finding. |
| 1. Financial Stability and Sustainability
 | Choose a finding. |
| 1. Financial Reporting
 | Choose a finding. |
| 1. Collections
 | Choose a finding. |

**Standard XV: Facilities and Records Maintenance**

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| Core Components | Findings |
| 1. Records Protection
 | Choose a finding. |
| 1. Records Retention
 | Choose a finding. |
| 1. Facilities, Equipment, and Supplies
 | Choose a finding. |
| 1. Protection of Physical Sites and Virtual Infrastructure
 | Choose a finding. |
| 1. In-Residence Program Component Facilities (outside the scope of this Report)
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# On-site Visit Background and Summary

**Purpose of the On-site Visit (check one):**

[ ]  Deferral Visit [ ]  Show Cause Visit [ ]  Special Visit

 **Visit Summary:** Provide an overview of the on-site visit including how well the institution was prepared.
**Self-Evaluation Report and Exhibits Structure and Format:** Provide the applicant institution with feedback on the general structure, content, and format of its Self-Evaluation Report and Exhibits.

**Institutional Overview:** Provide an overview of the applicant institution, including founding, organizational structure, target student population, legal form and governance, and status of state authorization.

**Program List:** Provide a list of all programs offered by the institution.

# Accreditation Standards Findings

Standard I: Institutional Mission

1. **Description of the Mission**

The institution’s mission communicates its purpose and its commitment to providing quality distance educational offerings appropriate to the level of study offered. The mission establishes the institution’s identity within the educational community and guides the development of its educational offerings.

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| **Standard I.A. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Review and Publication of the Mission**

The institution’s administrative and academic leadership team, as well as representative members of the institution’s faculty, shall review the mission on a regular basis to determine whether the mission should be amended and how the institution is performing against the objectives set by its mission statement. The published mission statement is readily accessible to students, faculty, staff, other stakeholders, and the public.

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| **Standard I.B. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

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**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

Standard II: Governance

1. **Owners, Governing Board Members, Officials, and Administrators**

The institution’s owners, governing board members, officials, and administrators possess appropriate qualifications and experience for their positions. The owners, governing board members, officials, and administrators are knowledgeable and experienced in one or more aspects of education administration, finance, and the design and delivery of academic programs and related student services within a distance learning model. The institution’s policies clearly delineate the duties and responsibilities of owners, governing board members, officials, and administrators. Individuals in leadership and managerial positions are qualified by education and experience appropriate to their position and have the ability to oversee institutional operations consistent with the institution’s mission and program offerings.

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| **Standard II.A. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Reputation of Institution, Owners, Governing Board Members, Administrators, and Other Officials**

The institution and its owners, governing board members, officials, and administrators possess sound reputations, a record of integrity, and ethical conduct in their professional activities, business operations, and relations. The institution’s name is free from any association with activity that could damage the reputation of the DEAC accrediting process, such as illegal actions, fraud, unethical conduct, or mistreatment of consumers. The institution’s owners, governing board members, officials, and administrators shall comply with the institution’s policies and procedures governing conflicts of interest and other applicable rules of conduct.

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| **Standard II.B. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Succession Plan**

The institution has a written plan that describes the process that it follows to sustain operations in the event a leadership succession is necessary. The plan identifies specific people, committees, or boards responsible for carrying out the operation of the institution during the transition period. The plan includes a business continuity structure that the institution can implement immediately. The institution reviews the plan on an annual basis and revises as needed.

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| **Standard II.C. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Maintaining Eligibility for Accreditation**

The institution maintains its eligibility for accreditation and is properly licensed, authorized, exempted, or approved by all applicable state education institutional authorizations (or their equivalent for non-U.S. institutions). Exemptions from state law are supported by state-issued documentation or by statutory language for that jurisdiction.

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| **Standard II.D. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

Standard III: Institutional Planning and Effectiveness

1. **Mission Achievement**

The institution plans and implements comprehensive processes with clearly defined metrics and criteria to monitor effectiveness of all aspects of the institution’s operations against the institution’s mission and any initiatives identified in the strategic plan. The institution shares appropriate information from the data gathered with relevant stakeholder groups.

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| **Standard III.A. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Strategic Planning**

The institution implements a strategic plan utilizing a systematic process for the achievement of goals that support its mission. The institution’s planning processes involve all areas of the institution’s operations in developing strategic initiatives and goals by evaluating external and internal trends. Data is used to identify areas of weakness and opportunities for improvement, development, and growth. The plan helps institutions set priorities, manage resources, and set goals for future performance.

The strategic plan addresses, at a minimum, finances, academics, technology, admissions, marketing, personnel, and institutional sustainability and includes measurable action plans that lead to mission achievement. The plan identifies the individuals responsible, timelines for completion, and the financial resources required. The institution reviews the strategic plan at least annually and reports achievement of progress to its stakeholders.

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| **Standard III.B. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Institutional Effectiveness**

The institution develops a plan and implements a systematic and ongoing process to evaluate the content and delivery of its educational programs, its provision of student support services, and the effectiveness of its supporting infrastructure and staff operations. The institution engages in sound research practices; collects and analyzes quantitative and qualitative evidence about its effectiveness; and develops and implements action plans that are used to improve operations, academic achievement, educational technologies, and student services.

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| **Standard III.C. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

Standard IV: Academic Achievement

1. **Student Learning Outcomes**

Student learning outcomes are clearly defined, simply stated, and measurable and define success for students who are reasonably capable of completing the educational offering.

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| **Standard IV.A. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Direct Measures**

The institution evaluates student achievement using student outcome indicators (e.g., completion rates) and other measures that it determines to be appropriate relative to its mission and educational offerings, including post-completion measures. The institution maintains systematic and ongoing processes for assessing student achievement, analyzes aggregated and disaggregated data, and documents that the results meet both internal and external benchmarks, including those comparable to courses or programs offered at peer DEAC-accredited institutions. Data on student achievement is collected on a continuous basis and evaluated annually.

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| **Standard IV.B. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Indirect Measures**

The institution systematically seeks student, alumni, and employment community input to evaluate and improve curricula, instructional materials, method of delivery, and student services. The institution regularly collects evidence that currently enrolled students are satisfied with the administrative, educational, and support services provided.

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| **Standard IV.C. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

Standard V: Academic Program Requirements

1. **General Program Requirements**

The institution’s programs are aligned with its mission. Program content, student learning outcomes, and standards of student performance are appropriate to the academic discipline and level of the credential conferred. Entry and completion requirements for each program are clearly defined and consistent with commonly accepted program expectations of the authority for awarding the credential. Program length for degree programs must adhere to the following minimum standards:

1. Associate degree – minimum 60 semester hours or equivalent.
2. Bachelor’s degree – minimum 120 semester hours or equivalent.
3. Master’s degree – minimum 30 semester hours or equivalent beyond the bachelor’s degree.
4. First Professional degree (at any level) – minimum 50 semester hours or equivalent beyond the bachelor’s degree.
5. Applied doctorate – minimum 48 semester hours or equivalent beyond the master’s degree.
6. Research doctorate – minimum 60 semester hours or equivalent beyond the master’s degree.

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| **Standard V.A. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **General Education Requirements for Undergraduate Degrees**

Institutions set clear expectations regarding general education requirements for undergraduate programs consistent with the level of education and academic discipline. General education content for undergraduate programs conveys broad knowledge and intellectual concepts to students that equip them for lifelong learning. General education must include outcomes related to written and oral communication, quantitative reasoning, information literacy, critical thinking, natural and physical sciences, social and behavioral sciences, and the humanities.

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| **Standard V.B. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Alternative Program Structures**

Institutions may offer alternative program structures appropriate to the institution’s mission. Such program structures may include direct assessment (competency-based) programs, joint degrees, dual degrees, double majors, and advanced standing degree enrollment as defined in the glossary. Alternative degree plans must meet all student learning outcomes and DEAC’s standards of accreditation, including the requirement that the majority of each program be offered through distance education.

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1. **Program Advisory Council(s)**

The institution maintains an Advisory Council of individuals external to the institution with expertise for each major group of programs or major subject matter disciplines it offers to inform curricular development decisions and align program content to current practices. Institutional personnel may participate as liaisons to Advisory Councils.

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| **Standard V.D. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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Standard VI: Curriculum Development

1. **Program Curricula Development**

Institutions have a documented process for curriculum development that clearly articulates the principles of learning and pedagogical foundations used to frame the program. The institution’s curricula are supported by reliable research and align with commonly accepted educational practices within the fields of practice. Qualified faculty and academic leadership hold the primary responsibility for all program content and instructional design and supervise staff, third-party providers, or consultants used in curricula development. Program curricula are reviewed on a periodic basis by academic leadership, program leadership, program faculty, and the Program Advisory Council. The review integrates program performance data collected on an annual basis with respect to student progression; student learning outcomes; faculty and student feedback; and content currency, accuracy, and comprehensiveness.

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| **Standard VI.A. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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1. **Instructional Design and Materials**

All curricula and instructional materials are designed for the program’s distance learning delivery modality by qualified individuals and grounded in instructional design principles. Instructional design considers how students learn, the nature and accessibility of the materials, and methods deemed most effective to help students learn in specific delivery modalities. Courses integrate access to learning materials and resources. Courses include instructions and suggestions on how to study and how to use the instructional materials to learn effectively and efficiently. Syllabi are aligned with course content and are structured to direct course learning experiences and activities.

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| **Standard VI.B. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Academic Units of Measurement**

The institution documents policies and procedures used to define and calculate the chosen academic unit of measurement. The framework for academic units must be supported by research and consistent with the program learning outcomes. Academic units are measured by credit hours or competencies. Academic unit measurements for all delivery modalities and program types must clearly show that each program is delivered with at least 51 percent distance education. The institution measures and documents the amount of time it takes the average student to achieve learning outcomes and specifies the academic engagement and preparation time. If academic units are measured in clock hours, the institution documents its implementation and application of policies and procedures for determining clock hours awarded for its courses and programs. A clock hour is one instructional hour. One instructional hour is defined as 50 minutes of instruction in a 60-minute period.

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| **Standard VI.C. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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1. **Credit Hour Definition**

Semester and quarter credit hours are equivalent to the commonly accepted and traditionally defined units of academic measurement. Academic degree or academic credit-bearing distance education courses are measured by the learning outcomes normally achieved through 45 hours of student work for one semester credit or 30 hours of student work for one quarter credit. One credit/semester hour is 15 hours of academic engagement and 30 hours of preparation. One quarter hour credit is 10 hours of academic engagement and 20 hours of preparation.

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| **Standard VI.D. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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Standard VII: Learning Materials, Resources, and Research Support

1. **General Learning Resources**

Institutional learning resources include general materials or resources that are available to students outside individual class environments. Learning materials and resources are designed to adequately support educational offerings in meeting learning outcomes.

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| **Standard VII.A. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Course Level Learning Resources**

In-course learning resources for faculty and students are available and appropriate to the level and content of the course within the scope of the program offering. Program designers and faculty use effective teaching aids and learning resources, including educational media and supplemental instructional aids, when delivering courses and teaching students. The institution provides faculty and students with access to all relevant learning resources, materials, or related services that are appropriate for the achievement of course learning outcomes.

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| **Standard VII.B. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Library and Research Support**

Staff or contracted librarians must support the learning, teaching, and research functions of institutions, as well as provide overall support to the institution’s curriculum as applicable to the level and content of the institution’s academic programs. A process is in place to select, acquire, organize, and maintain institutional learning materials and resources for each program.

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| **Standard VII.C. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Evaluation, Review, and Revision**

The quality, adequacy, currency, and accuracy of institutional learning resources, technologies, library resources, and in-course learning resources for each program are reviewed and evaluated at least annually. The review is conducted by institutional academic leadership and program leadership, with input from faculty and students. The process and applicable resources are revised as appropriate, based on each review.

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| **Standard VII.D. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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Standard VIII: Academic Delivery

1. **Curricula Delivery**

All curricula and instructional materials are developed in alignment with the institution’s mission and delivery modality. Regardless of methodology, delivery supports interactions with faculty in synchronous or asynchronous learning.

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| **Standard VIII.A. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Supporting Academic Technologies**

The institution uses technology appropriate to its modality and institutional context to support the delivery of its educational programs. This includes not only technology that delivers course materials and content, but also technology that (1) supports communications between students and faculty; (2) monitors student progress and achievement; (3) provides access to other academic resources, such as online libraries and third-party programs; (4) offers readily accessible channels for students to communicate questions, complaints, and concerns to applicable faculty or institutional staff; (5) protects the integrity of academic programs, testing, student work, and student communications; and (6) otherwise supports the collection of data necessary for the institution to evaluate its operations and performance.

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| **Standard VIII.B. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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Standard IX: Academic Leadership and Staffing

1. **Academic Leadership**

The institution provides academically qualified and experienced leadership to direct and oversee the effective delivery of its educational offerings using distance learning models. Academic leadership is responsible for the quality of program and student outcomes, as well as for the selection, training, continued quality, and development of faculty.

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| **Standard IX.A. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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1. **Faculty Qualifications**
2. The institution provides the appropriate number of qualified faculty to achieve program and course outcomes and provide instruction. The institution maintains faculty résumés, official transcripts, and copies of applicable licenses or credentials on file.
3. Faculty teaching in high school programs are appropriately credentialed to teach the subject and level of the courses leading to a high school diploma.
4. Faculty teaching technical courses have practical experience in the field and possess current licenses/certifications as applicable.
5. Faculty teaching occupational/technical associate degrees possess credentials, evidence of academic preparation, practical experience, and licensure or certifications that are appropriate to the subject field and consistent with accepted postsecondary education practices in the subject field.
6. Faculty teaching in undergraduate academic degree programs possess a degree at least one level above that of the program they are teaching and demonstrate expertise in the subject field they are teaching.
7. Faculty teaching in master’s degree programs possess a doctoral or terminal degree and demonstrate expertise in the subject field they are teaching.
8. Faculty teaching in doctoral degree/first professional degree programs possess a doctoral degree/first professional degree in a related subject field.
9. Faculty teaching general education possess a master’s degree in the field or a master’s degree and 18 semester hours of education in the general education subject area.
10. All faculty credentials are awarded by an appropriately accredited institution.
11. Faculty may be assigned, in limited and exceptional cases, to teach at the undergraduate or master’s level by documented equivalency consisting of a demonstrated depth and breadth of experience in the content area. An institution that uses experiential equivalency in lieu of the required degree qualifications for faculty and other academic positions must establish and adhere to a clearly stated policy which authorizes the use of experiential equivalency only in exceptional cases and only where equivalency is demonstrated pursuant to published and objective criteria. In such cases, the institution implements:
12. a well-defined policy, with processes and procedures to evaluate the need for and assignment of faculty by equivalency; and
13. procedures that ensure that adequate oversight of teaching and learning is provided by individuals who possess degree qualifications in accordance with faculty qualifications listed in IX.B.4-6 and 8 above.

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1. **Faculty Training**

All faculty must be trained in or have demonstrated experience with the principles of distance learning pedagogy. In addition, faculty shall be regularly trained in institutional policies, existing and emerging instructional approaches and techniques, and the use of instructional technology and academic resources. Faculty are evaluated on a regular basis for effectiveness in teaching and responsiveness to student needs.

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| **Standard IX.C. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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1. **Professional Development and Scholarship**

Faculty and academic staff are provided professional development and support for scholarly pursuits aligned to the institution’s mission and level of programs offered.

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| **Standard IX.D. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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Standard X: Academic Policies

1. **Admissions Criteria**

The institution’s admissions criteria align with its mission, program levels, and targeted student population. The admissions criteria are intended to ensure the admission of students who can reasonably be expected to successfully complete the stated educational offerings. Exceptions to admissions criteria are limited and require documentation of a clear and justifiable rationale for the exception.

1. Non-Degree Programs
Applicants possess a high school diploma or its recognized equivalent at the time of admission (e.g., high school diploma, general educational development tests [GED], or self-certification statement).
2. Undergraduate Degrees
Applicants possess a high school diploma or its recognized equivalent at the time of admission (e.g., high school diploma or general educational development tests [GED]).
3. Master’s Degrees
Applicants possess a bachelor’s degree earned from an appropriately accredited institution.
4. First Professional Degrees
Applicants possess a bachelor’s or master’s degree earned from an appropriately accredited institution.
5. Professional Doctoral Degrees
Applicants possess a bachelor’s or master’s degree earned from an appropriately accredited institution and relevant academic experience. The institution verifies that applicants have completed 30 graduate-level credit hours prior to admission.
6. Research Doctoral Degrees Applicants possess a bachelor’s or master’s degree earned from an appropriately accredited institution and relevant academic experience. The institution verifies that applicants have completed 30 graduate-level credit hours prior to admission.
7. Dual Degrees
Institutions demonstrate that admissions criteria meet commonly accepted practices and ensure that students are adequately prepared to be successful in the educational offering.

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1. **Transfer Credit**

The institution implements a fair and equitable transfer credit policy that is published in the catalog. The steps for requesting transfer credit are clear and disclose the documentation required for review. Students may appeal transfer credit decisions using published procedures. The institution clearly discloses that the transfer of institutional credits to other institutions is at the discretion of the other institution.

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| **Standard X.B. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Prior Learning Assessment**

Credit may be awarded for demonstrated learning appropriate for the level, subject, and amount of credit awarded based on the student’s prior professional/military experience, training, credit recommendation services, or other educational experiences outside of traditional academic learning consistent with CAEL’s Ten Standards for Assessing Learning (Available in Part IV, Appendix XV, DEAC Accreditation Handbook).The institution must publish its prior learning assessment policy in its catalog. Institutions maintain official documentation of the evidence of prior learning and the rationale of the instances of awarding credit for prior learning.

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| **Standard X.C. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Student Integrity and Academic Honesty**

The institution publishes clear, specific policies related to student integrity and academic honesty. Students acknowledge in writing their receipt and review of the policies prior to beginning their first course. The institution affirms that the student who takes an assessment is the same person who enrolled in the program. The institution implements procedures to ensure that assessments will reflect a student’s own knowledge and competence in accordance with stated learning outcomes.

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| **Standard X.D. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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1. **Grading Polices**

Student academic performance is measured using published grading policies that include prompt return of accurately and consistently graded assessments that are supervised by a qualified faculty member. The institution publishes its grade scale system, policy for course extension, and information on incomplete grades.

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| **Standard X.E. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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1. **Satisfactory Academic Progress**

The institution implements and consistently applies a satisfactory academic progress (SAP) policy and discloses this policy to students. Criteria for measuring satisfactory academic progress include qualitative and quantitative standards used for evaluation of student progress. The institution takes appropriate action if students do not meet the institution’s minimum standards of progress. Students are informed of their academic progress and standing in the program at regular intervals throughout their enrollment.

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| **Standard X.F. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Institutional Review Board**

Any institution that has students or faculty engage in research involving human subjects implements an institutional review board (IRB). The IRB ensures that such research studies comply with U.S. Department of Health and Human Services regulations under 45 CFR Part 56 and other applicable regulations, meets commonly accepted ethical standards, follows institutional policy, and adequately protects research participants. The IRB is responsible for approving and providing oversight on all research activities involving human subjects conducted by students, faculty, and other academic support personnel.

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| **Standard X.G. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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Standard XI: Recruitment and Enrollment

1. **Student Recruitment**

The institution demonstrates that ethical processes and procedures are followed throughout the recruitment of prospective students. The qualifications and experience of the institution’s recruitment personnel are aligned to identified roles and responsibilities. Recruitment personnel are trained in the tasks and expectations of their positions. Authorized recruitment personnel are provided with appropriate materials to perform their tasks and are routinely monitored to ensure compliance with laws applicable to the jurisdiction(s) in which the institution operates, the DEAC Code of Ethics, and institutional policy. The institution takes full responsibility for the actions of its recruitment personnel, whether internal or third party.

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1. **Verification of Student Identity**

Student identity verification processes begin during the enrollment and onboarding of students and continue with respect to the student’s enrollment in subsequent programs/classes.

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| **Standard XI.B. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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1. **Compulsory Age**

Institutions enrolling students under the compulsory school age obtain permission from responsible parties to assure that the pursuit of the educational offerings is not detrimental to any compulsory schooling.

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| **Standard XI.C. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Enrollment Agreements**

The institution’s enrollment agreements/documents are in the language of instruction and clearly identify the educational offering and the credential awarded. The agreements inform applicants of the rights, responsibilities, and obligations of both the student and the institution prior to applicant signature. The institution complies with the DEAC Enrollment Agreements Disclosures Checklist.

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| **Standard XI.D. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Financial Disclosures**

All costs relative to the education provided by the institution are disclosed to the prospective student in an enrollment agreement or similar contractual document before enrollment. Costs must include tuition, educational services, textbooks, and instructional materials; any specific fees associated with enrollment, such as application and registration fees; and fees for required services such as student authentication, proctoring, technology access, and library services.

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| **Standard XI.E. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Scholarships**

Scholarships are awarded either for merit or based on need. Merit-based scholarships must be based on definable achievement at the time of enrollment or within the program of study. Merit-based scholarships are evaluated by qualified individuals using an institution- approved rubric. Need-based scholarships must be based on a discernable and consistent economic standard. Scholarships must indicate the actual reduction in the costs that would otherwise be charged by the institution.

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| **Standard XI.F. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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1. **Discounts**

Tuition reductions other than scholarships are considered discounts. Discounts are permitted for well-defined groups, for specific and bona fide purposes, or for a specified period. Discounts must indicate the actual reduction in the costs that would otherwise be charged by the institution.

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**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Admission Process**

The institution verifies that all admissions requirements are met prior to admission and collects appropriate evidence, such as official transcripts and English Language proficiency documentation, to support eligibility. English language proficiency is verified for applicants whose native language is not English and who have not earned a degree from an appropriately accredited institution where English is the principal language of instruction. Such verification procedures align with DEAC’s guidance on English Language Proficiency Assessment located in Appendix IX. The institution documents the basis for any denial of admission. Official transcripts, if required for admission, must be received within a defined enrollment period not to exceed 12 semester credit hours. Students who do not submit required official transcripts within the prescribed period are administratively withdrawn.

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| **Standard XI.H. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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Standard XII: Student Support Services

* + 1. **Student Inquiries and Requests for Assistance**

The institution must provide readily accessible methods through which students can submit inquiries, report issues or concerns (whether or not filing a formal complaint), request assistance, or otherwise communicate with institution faculty and/or staff. The institution responds promptly and thoroughly to all student inquiries.

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* + 1. **Individual Differences**

Academic advising and instructional support are readily available to assist students in achieving institutional and program requirements, program outcomes, course learning outcomes, and educational goals as required by laws applicable to the jurisdiction(s) in which the institution operates.

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* + 1. **Student Support**

The institution’s policies and procedures optimize interaction between the institution and students. The interaction proactively promotes student completion and success.

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| **Standard XII.C. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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Standard XIII: Fair Practices

* 1. **Confidentiality and Privacy**

The institution’s policies, procedures, and systems protect student confidentiality and privacy as required by laws applicable to the jurisdiction(s) in which the institution operates.

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* 1. **Complaint Procedures**
1. The institution has policies and procedures for receiving, responding to, and addressing student complaints. The policies and procedures should embody the principles of fairness, responsiveness, respect, due process, and proportionality. DEAC requires institutions to have written complaint policies and procedures for the purposes of receiving, responding to, addressing, and resolving complaints made by students, faculty, administrators, or any party, including one who has good reason to believe that an institution is not in compliance with DEAC accreditation standards.
2. At a minimum, the institution’s policy instructs students how to file a complaint or grievance and the maximum time for resolution. The institution’s complaint policy and procedures are available to all students. The institution defines what it reasonably considers to be a student complaint.
3. The institution reviews in a timely, fair, and equitable manner any complaint it receives from students. When the complaint concerns a faculty member or administrator, the institution may not complete its review and make a final decision regarding a complaint unless, and in accordance with its published procedures, it ensures that the faculty member or administrator has sufficient opportunity to provide a response to the complaint. The institution takes any follow-up action, including enforcement action if necessary, based on the results of its review.
4. The institution’s complaint policy states how complaints can be filed with state agencies and with its accrediting organization.
5. The institution will retain the complete files for all complaints that may be filed against the institution, its faculty, staff, students, or other associated parties either for five years from the filing of the complaint or until the completion of the institution’s next cycle of evaluation for accreditation, whichever is longer.

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* 1. **Cancellations and Withdrawals**

Institutions maintain, publish, and consistently apply fair and equitable cancellation and withdrawal policies that meet or exceed the requirements of state and federal regulators, DEAC, and such other industry regulators as may have jurisdiction over one or more of the institution’s programs. Students may notify the institution of cancellation or withdrawal in any manner the institution deems appropriate so long as the method or methods available are reasonable and in compliance with applicable state and federal requirements. Policies pursuant to when an institution may administratively withdraw a student or cancel their enrollment are published and readily accessible for review by the student.

1. A student shall have no less than five calendar days following their executing the enrollment agreement or other contractual document in which to cancel the agreement and/or contract and receive a full refund of any monies paid to the institution.
2. Students are notified promptly if they are administratively withdrawn for non- compliance with attendance or other administrative policy.

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* 1. **Refunds**

Institutions must implement fair and equitable refund policies that meet or exceed the requirements of their government regulators, including consumer rights and protection policies. In the absence of such requirements, the institution follows DEAC’s refund policy requirements in Appendix XIV. Refund policies include procedures for students who enroll but do not start coursework and students failing to persist or make satisfactory academic progress. Refund policies must be clearly stated and transparently disclosed, including the use of sample calculations. Any money due to a student must be refunded within 30 days of the student’s notice of cancellation or withdrawal; refunds due to funding agencies must be returned in compliance with their respective requirements.

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* 1. **Performance Disclosures**

The institution routinely discloses on its website reliable, current, and accurate information on its performance, including student achievement, as well as any other requirements in accordance with state, federal, and other relevant regulatory agencies and in accordance with DEAC’s student achievement disclosure format.

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**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

* 1. **Advertising and Promotion**

The institution conforms to ethical practices in all advertising and promotion to prospective students. The institution’s processes and procedures ensure that all advertisements, website content, and other marketing collateral is truthful, accurate, and clearly stated. The institution complies with DEAC’s Catalog Disclosures Checklist and DEAC’s Website Disclosures Checklist.

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| **Standard XIII.F. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

* 1. **Institution and Course Accredited-Status Recognition**

The institution accurately discloses its accredited status and uses the official DEAC accreditation logo and/or statement of accreditation when publishing its accreditation status in advertisements and promotional materials on its website and in social media. DEAC’s name, address, telephone number, and web address are published in the institution’s catalog. Institutions publish a statement of accreditation only as follows:

* Accredited by the Distance Education Accrediting Commission
* DEAC Accredited

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| **Standard XIII.G. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

* 1. **Truth in Lending**

The institution complies with all applicable Truth in Lending Act (TILA) requirements, including those under Regulation Z, and state requirements for retail installment agreements.

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| **Standard XIII.H. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

Standard XIV: Finance[[1]](#footnote-1)

* 1. **Financial Practices**

The institution provides on an annual basis complete, comparative financial statements covering its two most recent fiscal years’ financial statements that are audited and prepared in conformity with generally accepted accounting principles (GAAP) in the United States of America or the International Financial Reporting Standards (IFRS). In the event the operations of the institution are supported in whole or in part by a parent company or a third party, the Commission may require audited financial statements from the parent or third party to demonstrate that the entity possesses sufficient financial resources to provide the institution continued financial sustainability. If the institution’s financial performance is included within the parent corporation’s statements, a supplemental schedule for the individual institution is appended to the parent statement, and inter-company transactions are clearly identified and defined. The institution’s budgeting processes demonstrate that current and future budgeted operating results are sufficient to allow the institution to accomplish its mission and goals.

**[Note:** See the footnote for Standard XIV, regarding continued allowable submission of reviewed comparative financial statements through mid-2026 and adjust findings feedback accordingly].

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| **Standard XIV.A. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

* 1. **Financial Management**

Individuals overseeing the fiscal and budgeting processes are qualified by education and experience. The institution maintains adequate administrative staff and other resources to operate effectively within fiscal and budgeting constraints, consistent with its representations of the scope and quality of its educational offerings as guided by its mission statement and strategic plan. Any risk that exists is adequately monitored, manageable, and insured. The institution has adequate administrative resources for effective operations, and at least one person is qualified and able to prepare accurate financial reports in a timely manner. Documentation protocols and controls are in place to assure that finances are properly managed, monitored, and protected.

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| **Standard XIV.B. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

* 1. **Financial Stability and Sustainability**

Financial statements must reflect that the institution has sufficient resources to meet the institution’s financial obligations to provide quality instruction and service to its students for the full period of each student’s enrollment, consistent with the institution’s program representations.

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| **Standard XIV.C. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

* 1. **Financial Reporting**

Annual financial statements are prepared in conformity with generally accepted accounting principles in the United States of America, often referred to as “GAAP”, including the accrual method of accounting. An independent certified public accountant (CPA) audit report accompanies these statements. At its discretion, the Commission may require additional financial reporting from the institution.

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| **Standard XIV.D. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

* 1. **Collections**

Collection procedures used by the institution or third parties reflect sound and ethical business practices.

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| **Standard XIV.E. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

Standard XV: Facilities and Records Maintenance

1. **Records Protection**

The institution’s financial and administrative records, as well as students’ financial, educational, and personal information, are securely and confidentially maintained in accordance with laws applicable to the jurisdiction(s) in which the institution operates and with professional requirements.

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| **Standard XV.A. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Record Retention**

The institution’s financial, administrative, and student educational records are retained in accordance with laws applicable to the jurisdiction(s) in which the institution operates. The institution implements a comprehensive document retention policy. Transcripts are readily accessible and are maintained permanently in either print or digital form.

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| **Standard XV.B. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Facilities, Equipment, and Supplies**

The institution’s primary facility is located in a professional, institution-branded space authorized by local authorities for mixed use or commercial use. The institution maintains a written facilities plan and budget allocations to maintain facilities, equipment, and supplies to support its educational offerings, student support services, and administrative operations on a sustainable basis. Buildings, workspaces, and equipment comply with local fire, building, health, and safety regulations.

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| **Standard XV.C. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

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**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **Protection of Physical Sites and Virtual Infrastructure**

The institution’s physical location(s) and virtual infrastructure are adequate to secure financial, administrative, and student educational records; are reasonably accessible; and are adequately protected in accordance with laws applicable to the jurisdiction(s) in which the institution operates. An adequate disaster response and recovery plan is in place that includes mitigation of risks, i.e., at a minimum, the ability to sustain and support continuing academic operations, the protection of student information consistent with applicable law, and the mitigation of other risks presented by physical, environmental, cybersecurity, force majeure, and other reasonably foreseeable threats.

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| **Standard XV.D. – Meets, Partially Meets, Does Not Meet, or Not Applicable** | Choose a finding. |

**Comments:** Provide comments to support the finding based on the institution’s responses and evidence provided prior to and during the on-site visit.

**Comments Related to Concerns Raised by the Commission:** Briefly summarize the issues raised by the Commission in the Deferral Letter, Show Cause Order, or special directive letter that initiated the on-site evaluation of the institution. Provide comments that describe what the team found the institution provided in response and whether the information appears to resolve the concern. Provide specific examples of the evidence the team relied upon to reach its determination. If the Commission did not cite this sub-standard, then simply insert the word “None.”

**Required Actions:** Provide the required actions necessary for the institution to demonstrate compliance with the accreditation standards. Each required action must correspond to an accreditation standard or a core component.

**Suggestions:** Suggestions are those recommendations that are not required to meet minimum accreditation standards but are provided to the institution as an opportunity for growth and improvement.

1. **In-Residence Program Component Facilities:** *This standard is outside the scope of the Chair’s Report.*
1. The implementation and submission timeframe of Standard XIV.A.’s requirement that institutions provide audited comparative financial statements (reviewed comparative financial statements will no longer be accepted) is as follows: For institutions with fiscal years ending between January 1, 2025, and June 30, 2025, audited financial statements are due by December 31, 2025. For institutions with fiscal years ending between July 1, 2025, and December 31, 2025, audited financial statements are due by June 30, 2026. In both cases, the Commission is waiving the requirement for comparative statements and accepting audits of one fiscal year. Future submissions of audited statements (submitted after June 30, 2026) must be prepared on a comparative basis. [↑](#footnote-ref-1)