

**IN-RESIDENCE PROGRAM COMPONENT   
SUBSTANTIVE CHANGE**

**REPORT TEMPLATE**

Instructions

The Distance Education Accrediting Commission requires that all institutions seeking to add an in-residence program obtain prior approval from the Commission and undergo an on-site visit. Prior approval serves two main purposes: (1) It provides the institution an opportunity to critically reflect on its operations, processes, and procedures prior adding an administrative site and (2) it provides the on-site team with a comprehensive overview of the institution, its mission, and its processes that are integral to delivering quality distance education.

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.

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 that the institution is meeting its mission and can demonstrate successful student achievement.

This report informs the Commission whether the institution is meeting, partially meeting, or not meeting each of the DEAC accreditation standards and core components by adding a new administrative site. Approximately four to six weeks following the on-site visit, the report is provided to the institution for response. Both the report and the institution’s response are submitted to the Commission for review prior to final decision making.

**Note:** This report template is for review of an institution’s Addition of In-Residence Program Component Post Approval Report. A separate report template is available for review of an institution’s ongoing implementation of in-residence activities via the institution’s In-Residence Program Component – Companion Self-Evaluation Report.

**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

It is the Evaluators’ responsibility to make an initial determination whether the institution meets DEAC’s Accreditation Standards and core components and to complete the following report template.

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.

The evaluator 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 evaluator 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 evaluator needs to adequately describe why the decision was reached and refer, as appropriate, to narrative sections and exhibits within the SER that support the determination.

The evaluator 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 evaluator 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.]”

As part of the peer review process, it is important that institutions receive suggestions for improving their offerings and support services related to the administration of Title IV programs. The accreditation process allows the institution to benefit from an external review and perspective. The evaluator 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 evaluator should begin each statement with, “[Insert Name of Institution] may want to consider [insert the recommendation for improvement.]”

**Report Submission:** The evaluator emails the completed report to the Chair, DEAC staff observer, and DEAC director of accreditation two weeks following the on-site visit. Once all information is received, DEAC notifies the business evaluator to appropriately dispose of all institutional materials.

Helpful Hints

* The evaluator’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 evaluator’s report represents an accurate, concise, factual, and thorough presentation of the individual findings during the on-site visit. The evaluator clearly communicates findings to the Chair by providing evidence.
* When making a determination whether the institution meets, partially meets, or does not meet accreditation standards, the evaluator must 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 evaluator’s report documents attributes and deficiencies using language found in the accreditation standards and core components. All deficiencies must be documented.
* The evaluator’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 evaluator’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 evaluator’s report accurately presents comments, required actions, and suggestions using direct quotations, references, data, and examples from the on-site visit.
* The evaluator’s report does not make recommendations to the Commission concerning the overall accreditation of the institution.

In-Residence Program Component Report

Institution Name: Insert institution name

Date of Visit: Date of on-site visit

Name of Evaluator: Evaluator name

Position on Team: Position on team

On-site Team Chair: Name of on-site team chair

Date Report Due to Chair: Date report is due

# Accreditation Standards

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. |

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

**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 IX: Academic Leadership and Staffing

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.

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

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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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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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Standard XI: Recruitment and Enrollment

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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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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**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.

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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 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. **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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| **Standard XIII.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. **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. |

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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. **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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**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. |

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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. **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. |

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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. **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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**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. |

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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. **In-Residence Program Component Facilities**

The institution provides appropriate facilities for students participating in in-residence learning experiences. The facilities comply with all state and federal requirements. The institution maintains adequate insurance to protect students, faculty, and staff while participating in in- residence learning.

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

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