



Outcomes | Innovation | Improvement

Accreditation Handbook

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Forward

The Accrediting Commission for Community and Junior Colleges (ACCJC) supports its member institutions through a comprehensive system of resources and collaborative practices that promote continuous quality improvement and advance equitable student outcomes. The *ACCJC Accreditation Handbook* provides more information about these resources and practices, and is intended to serve as the primary reference for:

- guiding institutions and review teams through the institutional evaluation process; and
- assisting accreditation review teams and the Commission to fairly and consistently evaluate institutions.

The *ACCJC Accreditation Handbook* is intended to serve a variety of readers, including representatives of institutions accredited by the Commission, institutions seeking accreditation, peer reviewers, and the general public.

In addition to the *Handbook*, the Commission provides significant additional supporting documentation, including policies, guides, and educational resources that are available on the Commission's website (www.accjc.org).

Updates and Revisions

The Commission reserves the right to update the *Handbook* and all related policies and procedures at any time to comply with federal requirements or in response to new needs among ACCJC members. Institutions should refer to the [ACCJC website](http://www.accjc.org) for the most recent version of all Commission publications.

The Commission welcomes suggestions for improvement of this *Handbook* and ways to make it, and the accreditation process itself, more useful to institutions, students, and members of the public. Please email accjc@accjc.org with questions or suggestions, and reference "ACCJC Handbook" in the subject line of the email.

1 INTRODUCTION TO ACCJC ACCREDITATION

1.1 Accreditation in the United States

Accreditation is a process that ensures that an institution of higher education meets established standards of quality and provides degrees, certificates, and/or credits that students and the community can trust. The process also verifies that institutions have the resources and infrastructure to sustain and improve the quality of their educational offerings and services. As a result of a successful accreditation process, institutions gain an accredited status that qualifies them for federal grants and contracts, enables them to distribute federal financial aid, and ensures that their students can transfer credits to another accredited institution. Many employers also require credentials from accredited institutions as a condition of employment. Ultimately, an accredited status signifies to all interested parties that an institution meets expectations for educational quality, sound institutional practice, and resources for students' success.

The private, non-governmental model of accreditation practiced in the United States is based on a model of peer review that involves both internal and external analysis of an institution. The accreditation paradigm includes the following elements:

- standards of good practice that are accepted by member institutions;
- internal self-evaluation by the institution at periodic intervals;
- external assessment of the institution by a peer review team;
- decision by an independent Commission regarding the accreditation status of the institution;
- follow-up by the institution to address both self-identified plans for improvement and recommendations emerging from the peer review process;
- further review and decision by the Commission; and
- possible follow-up visits by Commission representatives.

1.2 About the Accrediting Commission for Community and Junior Colleges

Scope of Recognition

Formed in 1962, the Accrediting Commission for Community and Junior Colleges (ACCJC) is recognized as an institutional accreditor by the U.S. Department of Education (ED). In keeping with the Higher Education Act of 1965, this recognition signifies ACCJC as a reliable authority regarding the quality of education offered by an accredited institution. Specifically, ED has authorized ACCJC to accredit institutions in the United States (including its territories and affiliates) with a primary mission of granting associate degrees. Institutions accredited by ACCJC may also award certificates and other credentials, including bachelor's degrees, if those credentials are within the institution's mission and authorized by their governmental authorities. ACCJC may also accredit non-domestic institutions with a primary mission of granting associate degrees.

Mission and Values

ACCJC advances educational quality and equitable student learning and achievement by supporting its member institutions. This collaboration fosters institutional excellence and continuous improvement through innovation, self-analysis, peer review, and application of defined Standards. ACCJC activates this mission through a set of core values, as defined below:

Integrity

Every interaction with our members is guided by our commitment to the principles of transparency and consistency. This creates mutual and clear understandings and ensures fair and value-adding results for institutions.

Quality Assurance

Because our processes are based on thorough and recognized best practices, our determination that an institution is in fact providing a quality educational experience for its students is respected by multiple stakeholders.

Institutional Improvement

ACCJC Standards create an institutional culture reflective of higher education's best practices to guide and strengthen an ongoing culture of continuous quality improvement.

Peer Review

One of America's best contributions to education is the peer review process. Through its proven powers, the peer review process allows members of the academic community to serve their colleagues by providing rich feedback that identifies commendations and areas for improvement.

Student Learning and Achievement

Students are the grounding point for every Standard and aspect of the review process, the end goal of each evaluation, and the driving passion of the faculty and staff at our member institutions.

Collegiality

The work of accreditation is mediated through the relationships that are formed among all the participants, characterized by mutual respect, collaboration, and engagement around common interests.

Partnership with Members

Accreditation requires a strong partnership between an accreditor and its member institutions. ACCJC's accreditation processes are most effective when both ACCJC and its institutional members regard accreditation as an opportunity for deep, honest inquiry into institutional strengths and areas for improvement for the purpose of advancing educational quality and equitable student outcomes. The Commission is also committed to promoting culturally-relevant, mission-focused evaluation practices that include consideration of an institution's broader context, goals, and success stories. In these conditions, ACCJC's accreditation process supports organizational learning, continuous improvement, and better outcomes for all students.

1.3 About the ACCJC Accreditation Standards

The accreditation standards used by each institutional accreditor provide a framework for best practices that will lead to achievement of the institution's mission and improving educational quality. The framework used by ACCJC includes its Eligibility Requirements (ERs), Accreditation Standards, Commission policies, and federal regulations related to accreditation. Together, these components are referred to as the Standards or the Commission's Standards.¹

Eligibility Requirements

The Commission's Eligibility Requirements (ERs) represent the minimum qualifications for institutions seeking an accredited status with ACCJC. Institutions wishing to pursue membership

¹ While religion is not used as negative factor in its decision-making process per the *Policy on Commission Actions on Institutions*, ACCJC requires all institutions to meet curricular components as described in its Standards.

with ACCJC must demonstrate that they meet the ERs prior to applying for preaccreditation (also known as candidacy) status with ACCJC. The process for demonstrating eligibility assures that interested institutions fall within ACCJC's scope of authority and federal recognition. The Commission expects its members to sustain compliance with the ERs at all times in order to remain in good standing.

The Eligibility Requirements can be downloaded from the ACCJC website (accjc.org) at [Eligibility, Standards, & Policies](#).

Accreditation Standards

The ACCJC Accreditation Standards are statements of good practice that reflect expectations for educational quality and institutional effectiveness. Institutions evaluate themselves against the Standards to identify strengths and areas for improvement. Although each individual Standard may focus on a specific institutional topic or practice, the Accreditation Standards are interrelated. When taken together they describe an institution holistically, in its entirety. Accreditation Standards measure not only the quality and effectiveness of the institution's programs and support services no matter where or how they are offered, but also the effectiveness of the institution in meeting its mission, the adequacy of resources, and the processes of leadership, governance, and decision-making that enable the institution to improve, adapt, and respond as students' needs change.

The Accreditation Standards can be downloaded from the ACCJC website (accjc.org) at [Eligibility, Standards, & Policies](#).

Commission Policies

Commission policies describe procedural requirements for institutions and for the Commission, elaborate upon the Accreditation Standards, and align with federal requirements. ACCJC continuously revises its existing policies and develops new policies as needed.

To view a list of Commission policies and/or download individual policies, select [Eligibility, Standards, & Policies](#) on ACCJC's website (accjc.org).

The Commission expects that its member institutions are engaged in ongoing efforts to sustain and improve educational quality and institutional effectiveness in alignment with Standards. The comprehensive peer review process and other accreditation-related activities described in this *Handbook* are intended not only to verify ongoing alignment with Standards, but also to support institutions as they strive to innovate and improve.

1.4 Relationship between ACCJC and its Members

The Commission supports its member institutions through a collaboration that fosters institutional excellence and continuous improvement. Grounded in its core values, ACCJC's interaction with its members is guided by a commitment to the principles of collegiality, transparency, and consistency, which create mutual and clear understandings to ensure fair and value-adding results for institutions. The work of accreditation is mediated through the relationships that are formed among all the participants, characterized by mutual respect and engagement around common interests. In order to foster this relationship, the Commission and its member institutions agree to defined roles and responsibilities in the accreditation process, as outlined in the Commission's [Policy on Rights, Responsibilities, and Good Practice in Relations with Member Institutions](#) and [Policy on the Role of Accreditation Liaison Officers](#).

1.4.1 ACCJC Staff Liaisons

To support its member institutions and ensure consistent application of accreditation processes, ACCJC has assigned an experienced ACCJC staff liaison to each institution (in multi-college districts or systems, all institutions in the district/system have the same liaison). This portfolio model enables each staff liaison to become immersed in the unique mission, culture, and student populations at each of their assigned institutions, which in turn allows them to provide personalized support and guidance on accreditation matters.

The staff liaison serves as the established point of contact between an institution, primarily with its chief executive officer (CEO) and accreditation liaison officer (ALO), and ACCJC. They support a broad range of activities throughout the accreditation cycle, including activities associated with the comprehensive peer review. Generally, the role of the staff liaison includes:

- answering questions about the interpretation or application of the ACCJC Standards or policies in the context of the institution's mission;
- sharing perspectives and lessons learned from other institutions related to emerging issues and complex challenges to ensure a uniform response to evolving practices and questions from members;
- providing information and resources in support of the institution's Annual Reports, Annual Fiscal Reports, and Substantive Change Application submissions;
- providing institution-specific workshops and resources for the governing board, faculty, staff, and administrators as needed; and
- facilitating the review of any complaints received about the institution from students or members of the public, in accordance with Commission policy.²

The assigned liaison for each institution can be found on the ACCJC website at <https://accjc.org/find-your-institutions-staff-liaison/>.

1.4.2 Communicating with ACCJC

Per policy,³ ACCJC directs all official correspondence related to an institution's accreditation status and processes directly to the institution's chief executive officer, accreditation officer, and when applicable, the chief executive of the institution's district or system.

As noted above, ACCJC staff liaisons serve as the primary point of contact for ACCJC member institutions. The assigned liaison for each institution can be found on the ACCJC website at <https://accjc.org/find-your-institutions-staff-liaison/>.

General inquiries and questions from non-members can be directed as follows:

Phone: (415) 506-0234 | Email: accjc@accjc.org | Website: <https://accjc.org/>

To file a complaint against a member institution or ACCJC itself: <https://accjc.org/complaint-process>

ACCJC communicates general information with its members and other interested parties through *ACCJC Connect*. This quarterly newsletter includes calls to action, Commission announcements and updates, and upcoming events. To subscribe, visit <https://accjc.org/accjc-connect>. Important announcements are also posted on ACCJC's website at <https://accjc.org/announcements>.

² See [Policy on Complaints Against Member Institutions](#).

³ See [Policy on Rights, Responsibilities, and Good Practice in Relations with Member Institutions](#), Section A.

In addition to the newsletter, the [ACCJC On the Move](#) project presents stories of student success and institutional transformation at ACCJC member institutions. The [ACCJC On the Move](#) microsite is intended to highlight the impact of institutions, programs, and people; to document ACCJC's journey to understand the distinct missions of the institutions ACCJC serves; and to spotlight the promising impactful practices changing lives inside and outside the classroom within the ACCJC membership. To view the site and subscribe to updates, visit <https://accjconthemove.org>.

1.5 Other Support Resources Provided to Member Institutions

ACCJC provides several support resources to assist and support its members, including customized workshops for institutions engaged in self-evaluation processes. Other support resources include:

- frequent webinars on topics of general interest to the membership;
- a biennial conference;
- formal certification and training for peer reviewers; and
- educational videos related to the Accreditation Standards and key processes.

2 PATH TO ACCJC MEMBERSHIP & ACCREDITED STATUS

ACCJC is recognized by the U.S. Department of Education (ED) to accredit institutions in the United States (including its territories and affiliates) that have a primary mission of granting associate's degrees.^{4,5} The sections below outline the path to ACCJC membership and accredited status. Prior to beginning the process, interested institutions are expected to become familiar with the Commission and its expectations for quality assurance. The Commission expects that interested institutions will review ACCJC Eligibility Requirements, Accreditation Standards, and Commission policies (including the [Policy on Preaccreditation](#)) carefully before beginning. ACCJC only awards preaccreditation status (also known as candidacy status) to those institutions it determines are likely to be successful in obtaining accreditation and sustaining compliance with the Commission's Standards.

2.1 Overview of the Eligibility and Preaccreditation Process

An accredited status assures students and members of the general public that an institution meets or exceeds broadly accepted standards of educational quality and effectiveness and has the capacity to maintain the quality and effectiveness of its educational services over time. Therefore, ACCJC's preaccreditation process is intentionally rigorous, and establishes that an institution has the foundational structures and organizational resources in place to successfully meet or exceed the Commission's Standards⁶ and sustain compliance after initial accreditation has been granted.

The diagram below provides a high-level overview of the steps and institutional activities in the preaccreditation process. Each step is described in greater detail in the sections that follow.

⁴ ACCJC member institutions may also award certificates and other credentials, including bachelor's degrees, in cases where the provision of such credentials is consistent with their institutional mission and, if applicable, authorized by their governmental authorities.

⁵ ACCJC may accredit non-domestic institutions in other geographic regions at its discretion, provided they have a primary mission of granting associate degrees.

⁶ ACCJC's Eligibility Requirements, Accreditation Standards, and Commission policies are collectively referred to as the Commission's Standards.

Steps in the Preaccreditation Process

Establish Eligibility	<p>Status with ACCJC: None.</p> <p>Required Activities: Complete Eligibility Inquiry Form and initial intake conversation with ACCJC Staff. Complete Eligibility Application if directed by ACCJC Staff.</p> <p>Committee Decision: Approve application; Deny application; Request additional information.</p>
Apply for Candidacy	<p>Status with ACCJC: None.</p> <p>Required Activities: Complete Institutional Self-Evaluation Report and Teach-Out Plan. Receive site visit from a peer review team.</p> <p>Committee Decision: Grant Candidacy; Deny Candidacy; Grant Initial Accreditation (rare).</p>
Apply for Initial Accreditation	<p>Status with ACCJC: Candidacy; Candidate for Initial Accreditation.</p> <p>Required Activities: Complete Initial Accreditation Application (i.e., Follow-Up Report outlining resolution of recommendations noted in candidacy review). May be required to receive a peer review team visit.</p> <p>Committee Decision: Grant Initial Accreditation; Extend Candidacy; Deny Initial Accreditation; Withdraw Candidacy.</p>

2.2 Establishing Eligibility to Apply for Preaccreditation Status

Per Commission policy,⁷ any institution with a primary mission of granting the associate degree may seek to establish eligibility to apply for ACCJC preaccreditation (also referred to as candidacy). Eligibility is not preaccreditation; rather, it is a pre-condition for preaccreditation. “Eligibility” or “eligible” refers to a determination by ACCJC that an institution meets the Commission’s Eligibility Requirements for Accreditation (ERs) and may therefore apply for candidacy status. The term eligibility may also refer to the process through which an institution demonstrates that it complies with Eligibility Requirements. **Eligibility is not a formal affiliation with the Commission.** An eligible institution must not make any representation that claims or implies any relationship or standing with ACCJC, even as it seeks candidacy status.⁸ ACCJC does not list eligible institutions in its directory of member institutions.

Therefore, an institution seeking ACCJC accreditation must complete a formal process that allows the Commission to assess the degree to which it meets these minimum requirements. The steps in the eligibility process are outlined below.

⁷ See [Policy on Preaccreditation](#).

⁸ See [Policy on Representation of Accredited Status](#).

2.2.1 Initial Inquiry

To begin the process of establishing eligibility to apply for preaccreditation, interested institutions must complete and submit an [Eligibility Inquiry](#) through the ACCJC website. Commission staff will review the form and contact the institution to discuss the institution's mission and alignment with ACCJC's scope of authority and membership profile. If appropriate, staff will also review next steps and clarify fees for application during this initial conversation.⁹

2.2.2 Eligibility Application

After meeting with Commission staff and confirming alignment of mission and scope, interested institutions must prepare an Eligibility Application documenting institutional compliance with each of ACCJC's Eligibility Requirements (ERs). ACCJC staff will provide a template for the eligibility application containing additional instructions and guidance. The specific documents and supporting evidence required to establish alignment with each ER are embedded in the template.

Institutions may submit completed Eligibility Applications to ACCJC for review as soon as they are completed. ACCJC staff will invoice institutions for the eligibility review upon receipt of the application. Information about the cost of the eligibility review can be found on ACCJC's current [fee schedule](#).

2.2.3 Eligibility Review

The Commission's Eligibility Committee reviews Eligibility Applications on behalf of the Commission. The Eligibility Committee and/or ACCJC staff may ask to speak with institutional representatives to clarify information in the application. The Eligibility Committee will review the application materials and take one of the following actions:

1. approve the application and grant eligibility;
2. deny the application; or
3. defer the decision and request additional information from the institution.

The Committee will notify institutions of its decision in writing immediately after review. If the Committee has granted eligibility, the written notification will detail the timeframe for the next steps in the process. If the Committee has not granted eligibility, the written notification will outline which ERs the institution has not met. Once the institution determines it can meet all of the ERs, it may submit a subsequent Eligibility Application following the process outlined above. An application fee is assessed for each new application. Institutions may withdraw an Eligibility Application without prejudice at any time prior to final action by the Committee.

An institution may maintain eligibility for up to three years as it goes through the candidacy process. If the institution has not achieved candidacy status within this three-year period, its eligibility lapses and it must submit a new eligibility application in order to proceed. If an eligible institution changes its state of incorporation, its mission, and/or ownership/control during this three-year period, eligibility may be voided; this also necessitates a new eligibility application in order to proceed.

2.3 Establishing Candidacy Status (Preaccreditation)

Once the Commission has granted eligibility as described in Section 2.2.3, the institution may begin working towards candidacy (also referred to as preaccreditation). Candidacy refers to a status granted by ACCJC, as well as to the process through which institutions attain this status. The Commission only grants candidacy status to eligible institutions that are likely to successfully obtain initial accreditation and sustain compliance with Eligibility Requirements, Accreditation Standards, and Commission policies.

⁹ The current ACCJC Fee Schedule is available on the ACCJC website at: <https://accjc.org/dues-and-fees-schedule/>.

ACCJC's rigorous candidacy application process involves a comprehensive self-evaluation, site visit, and preparation of a Teach-Out Plan.¹⁰

Candidacy status represents a formal association with ACCJC. Institutions that have earned this designation are listed in the ACCJC directory as member institutions and must identify themselves to the public in accordance with the Commission's [Policy on Representation of Accredited Status](#). As ACCJC members, institutions with candidacy status are expected to make Commission action letters publicly available in accordance with the [Policy on Rights, Responsibilities, and Good Practice in Relations with Member Institutions](#). Institutions with candidacy status are assessed annual dues, must complete annual reports, and may submit substantive change applications, if required. All credits and degrees earned and issued by an institution or program holding candidacy status are considered by the U.S. Department of Education to be from an accredited institution or program. In some cases, institutions with candidacy status may be eligible to participate in Title IV federal financial aid programs.¹¹

2.3.1 Preparing the Candidacy Application

Once the Commission has determined that an institution is eligible to apply for candidacy, the institution may begin preparing for the candidacy review. The application for candidacy consists of:

1. an Institutional Self-Evaluation Report (ISER), complete with supporting evidence and documentation, demonstrating the institution's compliance with Accreditation Standards and Commission policies; and
2. a Teach-Out Plan.¹²

ACCJC provides templates for the ISER and Teach-Out Plan. Both of these templates can be downloaded from the ACCJC website at <https://accjc.org/accreditation-handbook-and-report-templates/>. A direct link to these templates is also provided in Appendix A of this *Handbook*.

ACCJC staff will work with the institution to develop a reasonable timeframe for the institutional self-evaluation, ISER submission, and site visit. ACCJC staff will provide training for the institution's staff as they begin the self-evaluation. Institutions are strongly encouraged to refer to section 4.2 of this *Handbook* for additional detail and guidance on ISER preparation.

Institutions must submit all materials prepared in support of their Candidacy Application (including the ISER, evidence, and Teach-Out Plan) to ACCJC no less than 60 days prior to the date of their scheduled site visit. ACCJC will invoice the institution for the Candidacy Application fee upon receipt. Note that per the [fee schedule](#), the institution is also responsible for costs associated with the visit, including travel and accommodations for the peer review team.

2.3.2 Comprehensive Candidacy Review and Site Visit – General Overview

Following the submission of the ISER to the Commission, the institution will undergo a comprehensive review and site visit by a peer review team comprised of academic and administrative representatives from ACCJC member institutions. The peer review team will review the ISER and evidence to verify the degree to which the institution is aligned with the Commission's Standards and determine its readiness for candidacy status. In the weeks directly prior to the visit, the institution should be prepared to receive requests for supplemental evidence from the team chair. The team chair will also provide the institution

¹⁰ See [Policy on Teach-out Plans and Agreements](#) for more information.

¹¹ In accordance with federal policies and regulations, a public or other non-profit institution must complete the candidacy phase of accreditation to receive Title IV federal financial aid; for-profit institutions must achieve initial accreditation before being qualified to apply for Title IV financial aid.

¹² See [Policy on Teach-Out Plans and Agreements](#) for additional information.

with a list of individuals or groups with whom the team would like to meet during the visit. Additional details about the candidacy visit process can be found in section 4.4 of this *Handbook*.

At the conclusion of the visit, the peer review team will prepare a report of findings based on their review of the ISER, evidence, and interviews conducted on site. The team's report may provide suggestions for strengthening institutional alignment with Standards and/or recommendations for resolving areas of non-compliance with the Standards, if applicable. The institution's CEO will be provided with an opportunity to review the draft of the Peer Review Team Report in order to correct any errors of fact before it goes to the Commission for consideration. The institution's CEO will also be given the opportunity to comment in writing to the Commission and/or appear before the Commission prior to the Commission's action on the institution.

At its next regular meeting, the Commission will review the Institutional Self-Evaluation Report and the Peer Review Team Report to determine which Standards have been met and which require additional development and/or documentation from the institution to demonstrate compliance. Based on this review, the Commission will take one of the following actions:

1. Grant Candidacy;
2. Deny Candidacy; or
3. Grant Initial Accreditation.¹³

The Commission will notify the institution of its decision in writing through a formal action letter. The action letter will also detail any areas of non-compliance with Standards and, if applicable, any next steps expected from the institution. If candidacy has been granted, ACCJC staff will begin working with the institution to prepare for the initial accreditation application process. Institutions with candidacy status are considered to be ACCJC members and are therefore expected to make Commission action letters (and any accompanying Peer Review Team Reports) available to the public.¹⁴

Institutions may remain in candidacy for two years. If conditions warrant, the Commission may extend candidacy for an additional two years (for a maximum of four years). If the candidacy period lapses or is withdrawn, the institution may not reapply for candidacy for at least two years and must reestablish its eligibility (see section 1, above) before reapplying.

In accordance with the Commission's [Policy on Institutional Appeals](#), an institution may file a request for an appeal if the Commission takes an adverse action to deny candidacy. The institution may also withdraw its application for candidacy without prejudice at any time prior to the final action by the Commission.

2.4 Establishing Initial Accreditation

Once the Commission has acted to grant candidacy status, the institution may begin working towards initial accreditation. In the action letter that grants candidacy, the Commission will identify the specific Accreditation Standards, Commission policies, and/or other topics that the institution must address in its application for initial accreditation. The action letter will also establish the timeline for submitting the application and specify whether a site visit will be required as part of the review process.

Institutions must submit applications for initial accreditation within two years of receiving candidacy status. The Commission may act to extend the candidacy period for up to an additional two years, if

¹³ See [Policy on Commission Actions on Institutions](#).

¹⁴ See [Policy on Rights, Responsibilities, and Good Practice in Relations with Member Institutions](#).

conditions warrant. Institutions that fail to achieve initial accreditation after four years in candidacy status must reestablish their eligibility to apply for candidacy. Institutions must wait two years before submitting a new Eligibility Application.

2.4.1 Application for Initial Accreditation

The application for initial accreditation consists of a Follow-Up Report that demonstrates how the institution has resolved any recommendations for initial accreditation identified by the Commission in its action letter granting candidacy. ACCJC provides institutions with a template for Follow-Up Reports. The template includes embedded guidance and instructions, and can be downloaded from the ACCJC website at <https://accjc.org/accreditation-handbook-and-report-templates/>. A direct link to these templates is also provided in Appendix A of this *Handbook*.

If the Commission's action letter indicates that a site visit will be required to validate the contents of the Initial Accreditation Follow-Up Report, ACCJC staff will work with the institution to arrange the schedule. The college is responsible for costs associated with the follow-up site visit, including travel and accommodation expenses for the peer review team.

2.4.2 Initial Accreditation Review and Decision

The Commission will review the institution's application materials (and the Peer Review Team Report, if a site visit was required) at the next regular meeting after the application's submission. Based on this review, the Commission will take one of the following actions:

1. Grant Initial Accreditation;
2. Extend Candidacy;
3. Withdraw Candidacy; or
4. Deny Initial Accreditation.¹⁵

The Commission will notify the institution of its decision in writing through a formal action letter. As noted above, institutions that fail to achieve initial accreditation after four years in candidacy status must reestablish their eligibility to apply for candidacy following the procedure outlined in Section 1. Institutions must wait two years before submitting a new Eligibility Application.

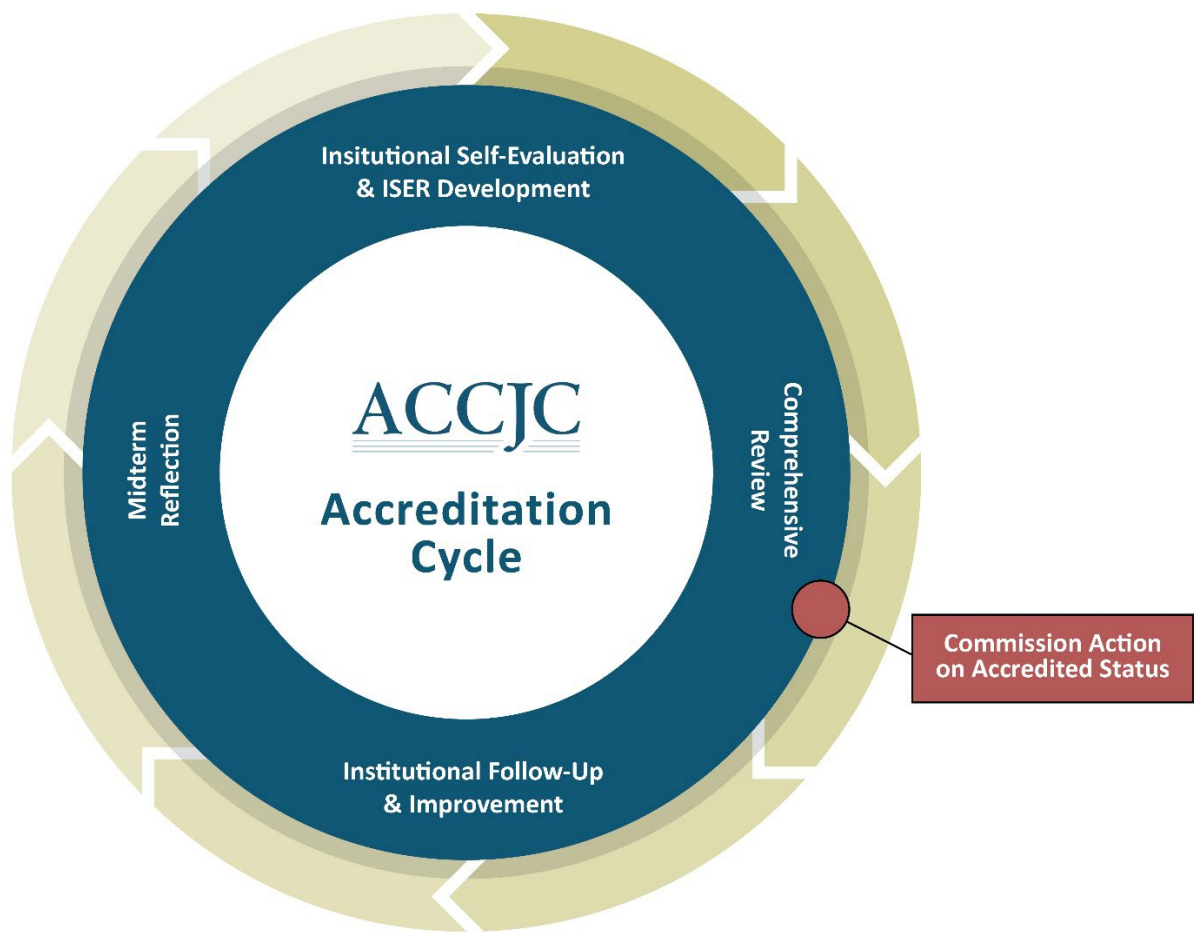
In accordance with the Commission's [Policy on Institutional Appeals](#), an institution may file a request for an appeal if the Commission takes an adverse action to withdraw candidacy or deny initial accreditation.

¹⁵ See [Policy on Commission Actions on Institutions](#).

3 THE ACCREDITATION CYCLE: ONGOING TASKS AND ACTIVITIES

3.1 Overview of the ACCJC Accreditation Cycle

The Commission expects that its member institutions will engage in continuous efforts to sustain and improve educational quality and institutional effectiveness throughout the accreditation cycle. The tasks and activities that occur between comprehensive evaluations are designed to support and encourage institutions as they strive for continuous improvement of student outcomes and sustained effectiveness in pursuit of their mission.



3.2 Regularly Occurring Tasks and Activities in the Cycle

Institutions complete a self-evaluation and undergo a comprehensive peer review every eight years, as described in detail in Section 4 of this *Handbook*. Other tasks and activities that occur regularly throughout the cycle are described below.

3.2.1 Annual Directory Update

Each year, ACCJC member institutions provide an update for ACCJC's Directory of Members, which is maintained on the ACCJC website at <https://accjc.org/find-an-institution/>. As part of the directory update, institutions provide headcount enrollment data for the most recent fall term. Headcount enrollment data are used as the basis of annual membership dues, according to ACCJC's dues schedule (available on the ACCJC website at: <https://accjc.org/dues-and-fees-schedule/>).

The annual directory update is also a mechanism for institutions to verify the names and contact information for key personnel, including the chief executive officer and accreditation liaison officer. However, institutions should also communicate changes in these roles as they occur, using the [Update Contact Information form](https://accjc.org/forms/update-contact-information/) on the ACCJC website (<https://accjc.org/forms/update-contact-information/>).

3.2.2 Annual Report and Annual Fiscal Report

In accordance with ACCJC's [Policy on Monitoring Institutional Performance](#) and federal regulations, the Commission applies a set of annual monitoring and evaluation approaches to assess an institution's health, stability, and continued alignment with Standards throughout the accreditation cycle. The Annual Report and Annual Fiscal Report are the primary data collection tools for this process.

The Annual Report collects institutions' self-reported data to monitor headcount growth or decline (including growth or decline in distance and correspondence education) and institutions' performance against their self-set standards and stretch goals for key indicators of student achievement over a rolling three-year period. These key indicators include course completion, degree/certificate completion, licensing examination pass rates, job placement rates, and transfers to four-year institutions. ACCJC staff analyze the data in the Annual Report and provide a summary report to the Commission highlighting trends across ACCJC's membership. In the fourth year of the accreditation cycle, institutions also provide a narrative analysis of the student outcomes data submitted in the Annual Reports as part of the Midterm Report. Together, the Annual Report and Midterm Report provide a framework for ACCJC to ensure colleges are holding themselves accountable for continuous improvement with respect to student achievement in the context of their unique mission and goals.

The Annual Fiscal Report collects institution's self-reported data to monitor key indicators of fiscal health. As with the Annual Report, the Annual Fiscal Report considers a rolling three-year period; institutions provide data for the most recently concluded fiscal year and two prior fiscal years. ACCJC works with a Fiscal Advisory Team that includes college business officers drawn from its membership to review and score each institution's annual fiscal report. Scores are based on a Composite Financial Index (CFI) that was developed in partnership with representatives from member institutions. Indicators in the CFI include the primary reserve ratio (i.e., unrestricted fund balance reserve), net operating revenue ratio, surpluses or deficits, salary and benefit percentages, enrollment declines, audit findings, and other financial assessments. Institutions will fall into one of three categories based on their scores against the CFI: fiscally healthy, moderate risk, or at-risk. Institutions that score within the at-risk category may be placed on enhanced fiscal monitoring by ACCJC.

ACCJC sends the links to the surveys for both reports to the Accreditation Liaison Officer (ALO) at each institution in February. Generally, the ALO assumes responsibility for ensuring these annual reports are submitted to ACCJC on time. ACCJC provides fillable PDF versions of the survey questions that contain embedded instructions and data definitions. These PDFs are intended to support data collection and institutional discussion prior to submitting the reports, and can be downloaded from the ACCJC website, at: <https://accjc.org/college-reports-to-accjc/>.

3.3 Midterm Reports

All ACCJC member institutions are required to submit a Midterm Report in the 4th year of their accreditation cycle.¹⁶ In the Midterm Report, the institution:

- provides an update on major improvements since the time of the comprehensive peer review, including actions taken in response to any formal improvement recommendations from the peer review team;

¹⁶ See [Policy on Commission Actions on Institutions](#); [Policy on Monitoring Institutional Performance](#).

- reflects student learning and achievement data (including institution-set standards), with a specific focus on actions that have led to measurable gains in equitable student outcomes and closing equity gaps; and
- conducts an initial reflection on potential opportunities and/or other changes relevant to the institutional context in advance of the next self-evaluation.

ACCJC provides institutions with a template for the Midterm Report that includes detailed instructions and embedded guidance. The template can be downloaded from the ACCJC website at <https://accjc.org/accreditation-handbook-and-report-templates/>. A direct link to the template is also available in Appendix A.

3.4 Substantive Change

U.S. Department of Education (ED) regulations require that accrediting agencies have policies and procedures that ensure that any substantive changes to the institution, its educational mission, or programs do not adversely affect the capacity of the institution to sustain compliance with the agency's accreditation standards. Federal law also mandates that accrediting agencies require institutions to obtain accreditor approval of a substantive change before it is included in the scope of the accreditation granted to the institution.¹⁷

Per federal regulations, a substantive change is defined as one that significantly affects the quality, mission, scope, or control of an institution. Broadly speaking, substantive changes include:

- change in mission, objectives, scope, or name of the institution;
- change in the nature of the constituency served;
- change in the location or geographic area served;
- change in the control or legal status of the institution;
- change in the programs or their mode of delivery that represents a significant departure from current practice;
- change in credit awarded;
- implementation of direct assessment;
- contractual relationship with a non-accredited organization; and
- implementation of a baccalaureate degree program.

More detailed information about each category of substantive change and processes for approval of substantive changes can be found in ACCJC's [Substantive Change Manual](#), in the Commission's [Policy on Substantive Change](#), and on the ACCJC website (<https://accjc.org/substantive-change/>). Please consult these resources for additional guidance and instructions.

¹⁷ See 34 CFR § 602.22. More information can be found in the Commission's [Policy on Substantive Change](#).

4 COMPREHENSIVE PEER REVIEWS

4.1 Overview of the Comprehensive Peer Review Process

Once an institution has achieved initial accreditation with ACCJC as described above in Section 2, the Commission expects that it will engage in continuous efforts to sustain and improve educational quality and institutional effectiveness. To verify that institutions meet this expectation, the Commission requires its member institutions to undergo a comprehensive peer review for reaffirmation of accreditation every eight years. ACCJC's comprehensive peer review process has two broad purposes:

1. ensuring that every member institution maintains compliance with Eligibility Requirements (ERs), Accreditation Standards, Commission policies, and federal regulations related to accreditation (together, referred to as Standards or the Commission's Standards); and
2. supporting and encouraging institutions as they strive for continuous improvement of student outcomes and institutional effectiveness in pursuit of their mission.

ACCJC's comprehensive peer review process has four steps. Each step is described briefly below to provide context for the self-evaluation and ISER development processes.

Step One: Institutional Self-Evaluation and ISER Development

The comprehensive peer review begins with an internal self-evaluation. During this process, the institution evaluates its practices and outcomes against accreditation Standards. The institution considers the quality of its programs and services, its effectiveness in allocating resources to support student learning and achievement, and the degree to which it is meeting its own expectations and standards for institutional performance. The institution documents the findings of its self-evaluation in a formal Institutional Self-Evaluation Report (ISER).

Step Two: Peer Review

After self-evaluation, each institution is evaluated by a peer review team comprised of individuals from other ACCJC member colleges. ACCJC staff build peer review teams with consideration of potential members' professional experience and areas of expertise, in order to best match the unique characteristics and needs of the institution being reviewed. Typical teams include a mix of five to seven members, drawn from a pool of faculty, administrators, and others with specific higher education expertise. The team reviews the ISER and visits the institution to validate and verify ongoing alignment with the Commission's Standards. The team documents its findings and any recommendations and/or commendations in a formal Peer Review Team Report.

Step Three: Commission Review and Action

The Commission meets twice per year, in January and June. As part of its regular activities, the Commission takes action on the accredited status of institutions undergoing comprehensive peer review for candidacy, initial accreditation, and reaffirmation of accreditation. The Commission uses the Peer Review Team Report and ISER to support its decisions and actions on each institution's status and communicates its decision and findings to the institution in a formal action letter. The action letter documents any areas where the institution was found to be out of compliance with Standards and identifies the actions the institution is required to take in order to resolve the deficiencies. The action letter also documents and formally commends institutions for those areas where institutional practice exceeds Standards. Per Commission policy,¹⁸ institutions must share the ISER, the final Peer Review Team Report, and the Commission action letter with the college community and the public.

¹⁸ See [Policy on Public Disclosure and Confidentiality in the Accreditation Process](#).

More information about the Commission and its role can be found on the ACCJC website. For more information about possible Commission actions on institutions, see the Commission's [Policy on Commission Actions on Institutions](#).

Step Four: Institutional Response to Recommendations and Ongoing Improvement

The fourth step in the process occurs as the institution implements improvements that were identified through the comprehensive peer review and documented in the Commission's action letter, recommendations from the peer review team, and/or in the institution's own self-identified improvement plans. Institutions document their response and continuous improvement efforts in Follow-Up Reports, Midterm Reports, or other reports as directed by the Commission. See Appendix A for brief descriptions and a link to the template for each type of report to the Commission.

4.2 Self-Evaluation & ISER Development Processes

An effective and meaningful self-evaluation must balance two distinct priorities: 1) it must be organized in a manner that matches and reflects the institution's mission and character, and 2) it must address the Commission's requirements. Regardless of how an institution chooses to balance these priorities, the self-evaluation process should be organized in a way that ensures the institution can:

- evaluate its policies and practices against the Commission's Standards and other requirements, through the lens of its own institutional mission and goals;
- evaluate its effectiveness in meeting its institution-set standards for student achievement, learning outcomes, and other metrics relevant for its mission and goals;
- assess, based on analysis of relevant data, the quality and effectiveness of educational programs and services designed to support students' success;
- analyze existing evaluation and planning data, and identify outcomes or improvements resulting from the evaluations;
- develop (and if appropriate, begin implementation of) plans for improvement based on the results of the self-assessment;
- engage stakeholders and internal constituency groups in dialogue about institutional quality and effectiveness, as appropriate to their roles; and
- provide evidence, data, analysis, and plans for improvement emerging from the analysis in the Institutional Self-Evaluation Report (ISER) that demonstrates the institution's alignment with Standards.

The self-evaluation process should result in a shared understanding of institutional strengths and areas for improvement, documented for internal and external audiences in an accurate, honest, and evidence-supported ISER.

4.2.1 Organizing the Self-Evaluation Process

Accreditation is an institutional responsibility. As a process for quality assurance and enhancing educational quality, the accreditation process functions best when all internal constituencies – including the institution's CEO, administrators, faculty, and staff – are engaged in the work of self-evaluation, continuous improvement, and/or maintaining ongoing institutional adherence to ERs, Accreditation Standards, and Commission policies. When institutional members regard accreditation as an opportunity for deep, honest inquiry into institutional strengths and areas for improvement, the process supports institutional efforts to fulfill its mission. Regardless of whether an individual at an institution is directly involved in developing an accreditation report, all institutional members play a part in ongoing compliance with accreditation requirements and help to ensure that the institution maintains high quality educational programs and services.

Although accreditation is an institutional responsibility, it is important that there is a strong leadership team to guide the self-evaluation and ensure a rigorous, honest, and evidence-based process. The leadership team should also ensure that the self-evaluation reflects the perspectives of multiple stakeholders within the institution. Whether this is done through the team structure and composition, through the dialogue and review process, or some other means, the institution is encouraged to allow for broad institutional involvement in the process, including:

- administrative leadership;
- faculty, including adjunct faculty;
- students, typically student leaders;
- support staff, including researchers and technology staff; and, if applicable
- district/system office representatives for colleges in multi-college districts/systems.

In addition, the institution's chief executive officer (CEO), accreditation liaison officer (ALO), designated organizing committee, and governing board should have specific, defined roles in the process, as outlined below.

Chief Executive Officer

The chief executive officer (CEO) of an institution (and if applicable, a multi-college district or system) sets the tone for the self-evaluation and comprehensive peer review process through their leadership and engagement. The CEO should be knowledgeable about the accreditation process and should be able to explain it to the campus community and governing board. The CEO's advocacy helps the institution establish a positive view of the accreditation process and rally participation. The institutional community is more likely to engage with the self-evaluation if the CEO assures that the work for accreditation will be integrated with other institutional review and planning processes.

The CEO should also play an active role in organizing the institution for the self-evaluation, including establishing the groups or committee participating in the process and setting their responsibilities and roles. The CEO should participate in dialogue related to the self-evaluation and review the self-evaluation report as it is drafted in order to help the institution ensure the findings are complete, candid, and honest. The CEO can also help identify information and evidence needed for a holistic institutional self-evaluation.

Accreditation Liaison Officer

The Accreditation Liaison Officer (ALO) plays a critical role throughout the entire accreditation cycle. However, the ALO typically has a very specific role and set of responsibilities with respect to the institutional self-evaluation, development of the institutional self-evaluation report (ISER), and comprehensive peer review process. These responsibilities include:

- serving as the key resource person and project manager for the institutional self-evaluation and development of the self-evaluation report;
- preparing the institution for a peer review team visit in collaboration with the institution's CEO and the peer review team chair and vice chair; and
- in multi-college districts or systems, communicating with appropriate district/system staff and ALOs at other campuses to engage in system-wide quality improvement and coordinate efforts regarding reports to the Commission and peer review team visits.

Designated Organizing Committee

Accreditation is the responsibility of the entire institution. It is therefore important for the institution to have a designated committee, with appropriate institutional representation, that is charged with the overall planning and supervision of the self-evaluation process and the preparation of the Institutional

Self-Evaluation Report (ISER). This could be an existing committee that has oversight of other functions related to continuous evaluation, student success, planning and/or improvement, or it could be a new committee with membership drawn from existing groups with a role in the institution's evaluation, planning and improvement activities. Whatever structure the institution chooses for the designated organizing committee, the membership should include individuals with responsibility for and/or expertise in topics relevant to the self-evaluation process. This might include the institution's chief instructional officer (CIO), accreditation liaison officer (ALO), institutional effectiveness officer, chief student services officer (CSSO), chief financial officer (CFO), institutional researcher(s), and technical support staff, as well as faculty, staff, and students. In institutions that are part of a multi-college system or district, the organizing committee should also include opportunities for collaboration and coordination with sister institutions and system office personnel as appropriate.

The designated committee is responsible for organizing and coordinating the self-evaluation process. It is also the committee's role to ensure that relevant internal stakeholders, who have knowledge of data and who can contribute to the analysis of data and evidence, are involved in the process as appropriate. Finally, the designated organizing committee is responsible for disseminating the final copy of the ISER, including all supporting evidence to the college community and for helping to build institutional familiarity with the contents prior to the peer review team visit. The institution should give the designated committee sufficient time to assume its responsibilities and provide it with the clerical and/or administrative support needed to complete its work.

Governing Board

Governing boards are ultimately responsible for educational quality and monitoring of institutional performance, including student success, planning, implementation of plans, and participation in accreditation processes. The institution's governing board should be kept informed of the progress of the self-evaluation process. When the self-evaluation has been completed, the Board should have an opportunity to read the Institutional Self-Evaluation Report prior to its submission to ACCJC. The Board must sign the ISER's certification page to certify that there has been broad involvement in the process and that, to the best of its knowledge, the ISER accurately represents the nature and substance of the institution (see Section 3.2 of this *Handbook* for more detail).

4.2.2 Engaging in the Self-Evaluation Process

A realistic and detailed timetable for the self-evaluation process is essential for an effective process. Allow ample time to gather and analyze evidence, draft the report, review drafts, and complete final editing. Also allow time for institutional circulation and dialogue, approval by relevant internal constituencies, and submission to the Commission. One effective method for establishing a timetable is to begin with the ISER due date and work backwards. This method helps to identify key milestones for institutional review and approval activities and more accurately estimate the amount of time that can reasonably be allowed for evidence gathering, analysis, and drafting the report itself.

Submission Due Dates for Institutional Self-Evaluation Reports (ISERs)

If Focused Site Visit is in:	ISER is due:	For example:
Fall	Dec. 15 of prior year <i>to accommodate Team ISER Review in spring prior to site visit</i>	Focused Site Visit = Fall 2025 ISER due Dec. 15, 2024
Spring	Aug. 1 of prior year <i>to accommodate Team ISER Review in fall prior to site visit</i>	Focused Site Visit = Spring 2026 ISER due Aug. 1, 2025

The first step in the institutional self-evaluation is to read and reflect on each Standard through the context of the institution's mission. During the reflection, it may be helpful to consider the following questions:

- What does the institution do to align with the Standard?
- What are the results of these actions? How effectively do the actions support equitable student success? How do you know?
- What did the institution learn?
- What will the institution do differently as it moves forward? How does that learning inform institutional plans for action, improvement, and/or innovation?

The 2024 Standards include review criteria and ideas for possible evidence that can be considered as part of the reflection, as well. Note that there are many types of evidentiary materials that can demonstrate alignment with Standards and validate an institutional commitment to continuous quality improvement in pursuit of mission. The evidence used to demonstrate alignment with Standards will vary from institution to institution, based on differences in mission, college culture, and regional expectations for college operations. Institutions may not have all of the documents listed as possible evidence, or they may have other documents that are better aligned with a given Standard. Each institution should carefully select evidence from its own ongoing practices that substantiates its assertions about the extent to which it aligns with Standards. **The possible sources of evidence listed for each Standard are suggestions; any documentation requirements are specified in the list of Required Documentation.**

Generally speaking, institutions should identify relevant sources of evidence prior to drafting the ISER narrative. When identifying specific documents for inclusion in the ISER, institutions should be judicious and selective. Rather than overwhelming the peer review team with every document possible, include a representative sample of the most relevant evidence. The goal is to provide evidence that will substantiate the institution's analysis and narrative and demonstrate alignment with Standards. Aim for quality, not quantity.

4.2.3 ISER Development

The Institutional Self-Evaluation Report (ISER) provides a foundation for the accreditation process. The ISER is not only a critical document for the purposes of peer review and Commission action, it also documents plans for improvement and innovation related to the Standards that will be implemented over the course of the accreditation cycle. ACCJC provides institutions with a template to use as it develops its ISER. The template includes embedded instructions and guidance regarding contents, structure, format, and length. The template can be downloaded from the ACCJC website at <https://accjc.org/accreditation-handbook-and-report-templates/>. A direct link is available in Appendix A.

Broadly speaking, the ISER documents the results of an institution's self-evaluation activities with a written analysis of the institution's understanding of its strengths and opportunities for improvement and innovation in relation to Standards and its own mission. The ISER represents the institution's best assessment of its sustained alignment with Standards; the quality and effectiveness of its programs, services, and practices; and the degree to which it is meeting its goals for student learning and achievement. An effective ISER includes:

- honest, thoughtful analysis of the effectiveness of institutional programs, services, practices, and policies, including both institutional strengths and areas for improvement, through the lens of the institution's mission;

- relevant data and evidence supporting the institution's analysis and findings, including clear examples of equitable student outcomes; and
- examples of innovative practices and/or institutional plans to improve in order to meet or sustain alignment with Standards, Commission policies, and federal regulations.

The ISER should be written with multiple audiences in mind.

External Stakeholders and Community Members

Members of the institution's external community – including potential students and employers – have a vested interest in the quality of the institution. The ISER can therefore be an opportunity to highlight accomplishments related to student success and achievement, as well as to demonstrate alignment with Standards, for any interested member of the external community. The Commission's [*Policy on Public Disclosure and Confidentiality in the Accreditation Process*](#) requires that institutions make their ISER available to the public by placing it on their website when they receive their action letter after the Commission meeting.

Internal Institutional Stakeholders

The content of the ISER should be clear to internal stakeholders at the institution, as the ISER includes plans for improvement that may need to be integrated into institutional, divisional, and/or departmental plans. These portions of the ISER should also provide adequate information to guide implementation and promote shared understanding of the desired outcomes.

Peer Review Team

The peer review team will use the ISER as the basis for their comprehensive peer review of the evaluation of the institution with respect to Standards. Peer review team members will read the ISER and review supporting evidence closely, in order to verify that the evidence and analysis demonstrates that the institution meets Standards. Based on their review of the ISER, the team will determine what additional evidence, information, and/or interviews they will need during the comprehensive visit in order to finalize their conclusions regarding the institution's alignment with Standards. The team also uses the ISER as they write their Peer Review Team Report for the Commission. From the team's perspective, it is important that the analysis and evidence presented in the ISER are clearly focused on and directly relevant to the institutional policies, practices, and characteristics that are described in the Standards.

The Commission

The Commission uses the ISER and supporting evidence as a basis for its decision-making process as it takes action on the institution's accredited status. The Commissioners will read the ISER in conjunction with the Peer Review Team Report and analyze and discuss both documents in their deliberations. For the Commission's process, it is important that the analysis and evidence presented in the ISER are clearly focused on and directly relevant to the institutional policies, practices, and characteristics that are described in the Standards.

4.2.4 Submitting the ISER and Supporting Evidence to ACCJC

Unless otherwise instructed by ACCJC staff, institutions submit their final ISER and supporting evidence to the Commission by uploading all materials to a secure online cloud service. General instructions for submitting the ISER and supporting evidence can be found on the first page of the ISER Template. The institution's ACCJC staff liaison will provide additional guidance and a link to the cloud service in advance of the due date.

4.2.5 Public Notification of Third-Party Comments

Per Commission policy,¹⁹ institutions are responsible for notifying the campus community and its public of the opportunity and process for submitting third-party comments to the Commission as part of the comprehensive peer review process. To facilitate the opportunity for third-party comments, institutions must post the link to the Commission's [third-party comment form](#) on their website. Peer review teams will confirm institutional compliance with this policy during the comprehensive peer review process.

4.3 Peer Review Teams

The peer review team provides an independent review of an institution. The team uses the Eligibility Requirements, Accreditation Standards, and Commission policies to prepare a report for the institution's use, which analyzes the adequacy of its resources, the effectiveness of its procedures, the quality of its performance in pursuit of its stated mission and goals, and its evidence of student achievement and student learning. The team seeks to verify quality and integrity and to encourage continuous improvement of institutional performance. The role of the peer review team is to determine that the college continues to meet the Eligibility Requirements, Accreditation Standards, and Commission policies, provide guidance for institutional improvement, acknowledge areas of excellence, and provide findings by which the Commission will make a decision on the accredited status of the institution.

4.3.1 General Protocol for Selecting Team Members

Typical peer review teams are comprised of five members selected for their academic and/or administrative expertise. Each team is led by a team chair and vice chair. The team chair and vice chair generally have experience as a chief executive officer of an institution, but others with senior level executive leadership experience may also chair. At least one member of the team will be a faculty member.

The ACCJC president, in consultation with the appropriate ACCJC staff liaison, accreditation process director, and with feedback from the institution's CEO related to conflicts of interest, selects the teams. ACCJC will choose team members with expertise likely to be useful in the review process, based upon contents of the institution's Midterm Report, Annual Reports, and Annual Fiscal Reports, as well as general observations made by ACCJC staff as part of its ongoing relationship with the institution.

After the team ISER review, the team chair and vice chair, with input from the ACCJC staff liaison to the institution, will determine the length of the focused site visit and composition of the focused site visit team. All team members are expected to hold dates of the focused site visit listed on their team invitation letter until the logistics for the visit are finalized.

4.3.2 General Expectations for Peer Review Team Members

Peer review teams are tasked with the following responsibilities:

- reviewing the ISER and conducting a focused site visit against the Commission's Standards to evaluate whether all Standards are met, identify areas for institutional improvement, and note areas of institutional excellence;
- evaluating evidence submitted by the institution in support of its ISER;
- identifying areas of strength or improvement that may not have been recognized by the institution itself;
- verifying that the institution has established standards for satisfactory student achievement (successful course completion, degree completion, certificate completion, transfer rates,

¹⁹See [Policy on Rights, Responsibilities, and Good Practice in Relations with Member Institutions](#)

licensure examination pass rates, and job placement), determining that those institution-set standards are reasonable, and reviewing the institution's actions regarding its performance on its standards; and

- reinforcing the institution's commitment to educational quality and institutional effectiveness.

To achieve these responsibilities, peer reviewers are expected to:

- have a working knowledge of the Eligibility Requirements, Accreditation Standards, and pertinent Commission policies;
- understand that institutions are accredited using ACCJC's Accreditation Standards rather than the regulations or requirements of other groups;
- understand that peer review is the basis of the accreditation process and remember that team members are peers who represent the Commission;
- review the college in the context of its mission;
- maintain objectivity and flexibility by refraining from imposing the opinions and beliefs of others and having a willingness to appreciate the uniqueness and individuality of the institution being evaluated;
- rely on evidence in making judgments about the institution;
- communicate clearly and concisely, both orally and in writing;
- work as part of a team; and
- maintain confidentiality.

Peer reviewers are also expected to complete the Peer Reviewer Certification (see section 4.3.3), attend the initial Team Workshop and Team Meeting, and participate in the Team ISER Review. **These three components are mandatory for service on a peer review team.**

The Commission makes a special effort to maintain the integrity of the accreditation process. To this end, peer reviewers are expected to disclose any possible conflict of interest before accepting an assignment. Commission policy identifies the conditions under which a peer reviewer should decline an invitation to serve or ask to be assigned to another team. The Commission will not knowingly invite or assign participation in the evaluation of an institution to anyone who has a conflict of interest, as it is defined in the Commission's [Policy on Conflict of Interest for Commissioners, Evaluation Team Members, Consultants, Administrative Staff, and Other Agency Representatives](#). Team members, team chairs, or vice chairs who have any questions about possible conflict of interest should contact the ACCJC staff liaison assigned to their team.

4.3.3 Peer Reviewer Certification and Other Peer Reviewer Supports

ACCJC provides resources to current and potential peer reviewers to support them in meeting the expectations outlined in section 4.3.2. These resources include a Peer Reviewer Certification program, a Team Workshop, and a Microsoft Teams site populated with tools to assist in the review process.

Peer Reviewer Certification

Individuals participating on a peer review team are required to complete a five-module training course before the first team meeting. This asynchronous, self-paced, online program guides peer reviewers through an overview of the peer review process and each Standard. Upon completion, peer reviewers will be familiar with the ACCJC Standards and expectations for assessment and institutional review and will be prepared to participate in the team ISER review.

Reviewers who have completed the modules and achieved certification do not need to repeat the training course before subsequent team service. The course information will be available to reviewers even after completing the modules, and staff are still available to answer any questions. Additional support, direction, and guidance throughout team service will be provided by ACCJC staff liaisons and the team chairs and vice chairs.

Team Workshop and Meetings

ACCJC hosts a team workshop for all peer reviewers roughly six weeks in advance of the team ISER review. The workshop is designed to build on the outcomes of the peer reviewer certification, giving time for review teams to apply the principles learned in the certification modules. The workshop also serves as the first official team meeting. Breakout rooms are provided for each team, and teams meet to 1) discuss initial observations of the materials provided by the institution they are reviewing, and 2) plan for the next steps in the review process.

Collaborative Workspace in Microsoft Teams

Each peer review team has access to a dedicated Microsoft Teams site. In addition to the ISER and evidence submitted by the institution under review by the team, the Microsoft Teams workspace contains timelines, templates for the Core Inquiries Report and Peer Review Team Report, and tools for facilitating the evaluation itself. The Microsoft Teams site provides a secure workspace for team members to collaborate on the draft of the Peer Review Team Report. Many peer review teams also take advantage of the communication features within Microsoft Teams to chat and message in between team meetings, as well. Team members are provided with access to their Microsoft Teams site roughly four weeks before the first Team Meeting. For assistance and technical support, contact useradmin@accjc.org.

4.3.4 Role of the Team Chair and Vice Chair

Team chairs and vice chairs are selected based on their expertise and accreditation experience, taking into consideration the mission, culture, and uniqueness of the institution under review. Team chairs generally have experience as a chief executive officer of an institution; others with senior level executive leadership experience may also chair. In order to replenish ACCJC's pool of team leaders, team chairs mentor vice chairs, who participate alongside the team chair through the entire process, including team ISER review and the focused site visit. Both the team chair and vice chair have a defined leadership role within the team.

Team Chair

The team chair is the leader, manager, and spokesperson for the team. The team chair sets the workflow in preparation for the team ISER review, makes necessary arrangements for the team to complete its work, speaks for the team, and is the official author of the Peer Review Team Report that the Commission will review in its decision-making process. The team chair works with the assistance of a vice chair to organize team discussions, see that all necessary contacts are made, see to the needs of the team, and assure that the team's time is used effectively.

Vice Chair

The vice chair will work collaboratively and closely under the leadership of the team chair to learn best practices leading a team, be ready to chair teams in future accreditation visits, and step into the chair role if the team chair is unable to fulfill their duties. The vice chair collaborates and partners with the team chair to plan and facilitate the peer review process, including the team ISER review and the focused site visit. The vice chair must attend Team Chair Training, Peer Review Team Training, and participate in the pre-visit, team ISER review, and focused site visit.

4.3.5 Role of the ACCJC Staff Liaison during the Comprehensive Peer Review

Each ACCJC member institution has an assigned ACCJC staff liaison (see section 1.4.1). During the comprehensive peer review, the primary role of the staff liaison is to support both the institution and its peer review team through the review process.

Specific to the peer review team's process, the staff liaison's responsibilities include:

- providing advice on key aspects of a site visit, and accompanying the peer review team at the final team visit and any additional visits, in order to ensure clarity and consistency during the peer review process;
- providing guidance on interpretation of Standards and answering questions about process;
- reviewing the draft Peer Review Team Report for consistency between findings and the conclusions, and highlighting any areas of the report that may be unclear or misunderstood by an audience external to the team; and
- ensuring that the information provided to the Commission in support of their deliberations on institutions is complete and, as needed, enriched with nuance and context stemming from the staff liaison's knowledge of their assigned institutions and specific peer review process.

Before the comprehensive peer review begins, the staff liaison has helped to prepare the team through training workshops and other team meetings. The staff liaison serves as a resource to the team chair and the institution and can answer questions about logistics, the peer review process, interpretation of Standards, etc. The staff liaison also reads the ISER and can bring perspective to the team regarding the culture and concerns of the institution. The staff liaison will be present during the comprehensive peer review process to the extent that the schedule allows, serving as an ACCJC resource for the team chair and assisting with any matters that arise as needed. **Because the staff liaison serves as a resource for the team, the institution, and the Commission, they should be copied on relevant team communications and all communication between the team chair and the institution under review.**

The staff liaison is not a member of the peer review team, and therefore does not review the college or influence the team's findings. The staff liaison abides by the Commission's [*Policy on Conflict of Interest for Commissioners, Evaluation Team Members, Consultants, Administrative Staff, and Other Commission Representatives*](#). Expenses of the staff liaison are covered by ACCJC and not the institution under review.

4.4 Comprehensive Review for Candidacy

As part of the path to ACCJC membership, institutions applying for candidacy or preaccreditation status undergo a comprehensive peer review with a full site visit. Institutions seeking candidacy have already demonstrated they can meet Eligibility Requirements, but the comprehensive peer review for candidacy is the first opportunity for a comprehensive evaluation of the institution's ability to meet the Commission's Standards. Because institutions may seek candidacy from various levels of organizational development and/or implementation of quality principles, candidacy reviews call for a specific mindset and awareness that institutions seeking candidacy have varied levels of institutional readiness. For example, the institution may fall into one or more of the following categories:

- completely new to institutional accreditation;
- building capacity toward initial accreditation over a number of years;
- previously accredited by another recognized institutional accreditor; and/or
- a center or branch campus transitioning to status as an independent institution.

Regardless of the institution's trajectory, Commission policy and federal regulations require that the institution demonstrate compliance with ACCJC Standards in order to qualify for ACCJC membership and accredited status. Determining the level of compliance with Commission Standards is the core purpose of this review. However, candidacy is not the same as initial accreditation. The Commission grants candidacy status to an institution that demonstrates it has the ability to fully meet all Standards and policies within a two-year candidacy period.²⁰ This two-year period provides the institution with time to continue its development and reach complete compliance with Accreditation Standards. Therefore, unlike a reaffirmation review, which includes evidence of ongoing and sustained compliance over multiple accreditation cycles, in a candidacy review, the team should expect that the applicant institution has not yet fully aligned its practices with each of the Standards and is actively working toward full compliance.

4.4.1 Institutional Preparations for the Candidacy Visit

Following the submission of the ISER to the Commission, the institution will undergo a comprehensive peer review and site visit by a peer review team comprised of academic and administrative representatives from ACCJC member institutions. The peer review team will review the ISER and evidence to verify the degree to which the institution is aligned with the Commission's Standards and determine its readiness for candidacy status. In the weeks directly prior to the visit, the institution should be prepared to receive requests for supplemental evidence from the team chair. The team chair will also provide the institution with a list of individuals or groups with whom the team would like to meet during the visit.

ACCJC will provide advance notice to the institution about the timing, nature, and purpose of the peer review visit in order to allow the institution ample time as it prepares to host the team. Preparations for the visit require coordination between the institution and the team chair. The institution will designate a main point of contact for the team chair – usually the accreditation liaison officer (ALO) – who will assume primary responsibility for facilitating the team's needs prior to and during the site visit.

Prior to the team visit, the team chair will meet with the CEO and the ALO to discuss logistical arrangements. The institution generally provides the team with:

- lodging, transportation to and from campus, and clerical/technical assistance during the site visit;
- a room on campus (i.e., the Team Room) that is centrally located and private enough to ensure the team's confidential deliberation and with appropriate technology to support the team's work; and
- provisions (i.e., breakfast, lunch, snacks, etc.) and basic workroom supplies to support the team while they are on campus.

Institutions should work with the team chair to determine how to best facilitate the needs of their specific team. Please note that institutions may not give (and team members should not accept) souvenirs or gifts.

The institution should anticipate assisting the team with requests for additional evidence, information and materials; helping to schedule interviews with campus personnel; and in general, serving as the communication link between the institution and the peer review team both before and throughout the visit.

Institutions that have programs and/or learning support services via distance education (DE) or correspondence education (CE) should also prepare for the team's review of these offerings, in

²⁰ See [Policy on Commission Actions on Institutions](#) for more information.

accordance with the Commission's [Policy on Distance Education and on Correspondence Education](#). The general protocol for the distance education review is provided in Appendix B of this handbook.

4.4.2 What to Expect During the Candidacy Visit

During the site visit, the peer review team will come to the institution in person to validate its understanding of conditions described in the ISER, verify that the institution's practices align with the Commission's Standards, and finalize findings and observations for the Peer Review Team Report. Teams understand that the site visit represents the culmination of a great deal of work by many individuals at the institution and are sensitive to the impact that their presence may have on the institution's internal and external stakeholder groups. Institutions should expect their peer review team members to be respectful and professional at all times.

To kick-off the visit, institutions often host a less formal "meet-and-greet" activity in order to introduce the team to key members of the campus community, especially those directly involved in the self-evaluation process. This can be a useful orientation for the team members. However, keep these introductory activities brief and simple so that the team can focus its time and energy on verifying the ISER and collecting the evidence and information needed to complete the Peer Review Team Report.

Site visits always take place when institutions are in session to facilitate dialogue between the peer review team and the institution. The Commission expects major administrative officers and key campus personnel to be on campus during the time of the site visit in order to meet with members of the peer review team as needed. The team's interview requests will depend on the additional information or clarification needed by the team to validate the ISER and verify institutional compliance with Standards.

The team may interview administrators, department heads and program coordinators, members of the governing board, faculty, and students, as needed. Peer review team members may also attend meetings of the governing board should one be scheduled during the time of the site visit. The team will also conduct two open forums to provide institutional personnel and other interested parties with an opportunity to address the team during the site visit. The institution's executive leadership teams are asked to refrain from attending these open forums. During the interviews and forums, the institution's attitude should be characterized by openness and candor so that the team can form an accurate understanding of institutional quality and provide helpful advice, where needed.

On the final day of the site visit, the team chair will meet privately with the institution's CEO, before presenting a brief exit report to members of the institution as a whole. Attendance at the exit report is at the discretion of the CEO. The purpose of the exit report is to summarize observations, comments, and major findings emerging from team's evaluation of the ISER, supporting materials, and observations on site. The exit report should not be filmed or recorded.

Shortly after the visit, the team will finalize its findings in the Peer Review Team Report. The Peer Review Team Report serves two purposes. First, it provides feedback to the institution regarding the quality of its performance in pursuit of its stated mission and goals, the effectiveness of its procedures, its evidence of student achievement and student learning, and the adequacy of its resources. Second, it provides first-hand observations and analysis that assist the Commission in its determination of the accredited status of the institution.

The team chair will send a confidential copy of the draft Peer Review Team Report to the institution's CEO for correction of errors of fact. After correcting any errors of fact, the team chair sends the final Peer Review Team Report to the Commission. The Commission will read the Peer Review Team Report

and Institutional Self-Evaluation Report (ISER) in preparation for its deliberation and action on the institution's accredited status (see Section 4.4.4).

4.4.3 Peer Review Team Report for Candidacy Reviews

In awarding candidacy, the Commission must be satisfied that the institution is, at minimum, providing a quality educational experience. The Commission must also have confidence that the institution has the ability to demonstrate compliance with ACCJC Standards by the end of the candidacy period. A Peer Review Team Report that supports the Commission's confidence in the institution will contain these key elements:

- verification of the Standards that are met at the time of the visit;
- clear detail and recommendations regarding the areas of practice that require additional attention and development in order to meet one or more Standards; and
- reasons for confidence that the institution will continue its progress toward compliance within two years.

The Peer Review Team Report should provide exceptionally clear findings for each Standard. The team should also feel free to make recommendations for Commendations when it finds institutional performance that exceeds the Standards. This will greatly assist the Commission in its deliberation and decision-making process.

Clear, detailed narrative is also important to support the institution in its ongoing development. As it works toward initial accreditation during its two-year candidacy period, the institution will only need to address the compliance requirements that emerge from the candidacy review. The application for initial accreditation consists of a follow-up report that demonstrates how the institution has addressed any requirements identified during the candidacy review.

4.4.4 Possible Outcomes and Next Steps

At its next regular meeting after the candidacy visit, the Commission will review the Institutional Self-Evaluation Report and the Peer Review Team Report to determine which Standards have been met and which require additional development and/or documentation from the institution to demonstrate readiness for initial accreditation. Based on this review, the Commission will take action to:

1. Grant Candidacy;
2. Deny Candidacy; or, in rare instances
3. Grant Initial Accreditation.²¹

The Commission will notify the institution of its decision in writing through a formal action letter. The action letter will also detail any areas of non-compliance with Standards and, if applicable, any next steps expected from the institution. If candidacy has been granted, ACCJC staff will begin working with the institution to prepare for initial accreditation. As noted in section 2.1, institutions with candidacy status are considered to be ACCJC members and are therefore expected to make Commission action letters (and all related ISERs and Peer Review Team Reports) available to the public.²²

The Commission provides institutions with due process regarding decisions on their accredited status. Institutions have the opportunity to respond in writing to issues of substance in the Peer Review Team Report, including Accreditation Standard deficiencies noted in the Report. Written responses must be received by ACCJC no less than 15 days in advance of the Commission meeting. The Commission also

²¹ See [Policy on Commission Actions on Institutions](#).

²² See [Policy on Rights, Responsibilities, and Good Practice in Relations with Member Institutions](#).

provides an opportunity for an institution's CEO (and other representatives of the institution, as appropriate) to appear before the Commission (either in person or via Zoom) and provide brief verbal remarks, as described in section 5.2.

Once the Commission has acted to grant candidacy status to an institution, the institution will have a two-year period to address any compliance requirements to achieve initial accreditation. However, the specific due date and logistics for the initial accreditation application will be set by the Commission in consultation with the institution and its staff liaison. The Peer Review Team Report will help to inform these decisions about the timing of the next steps.

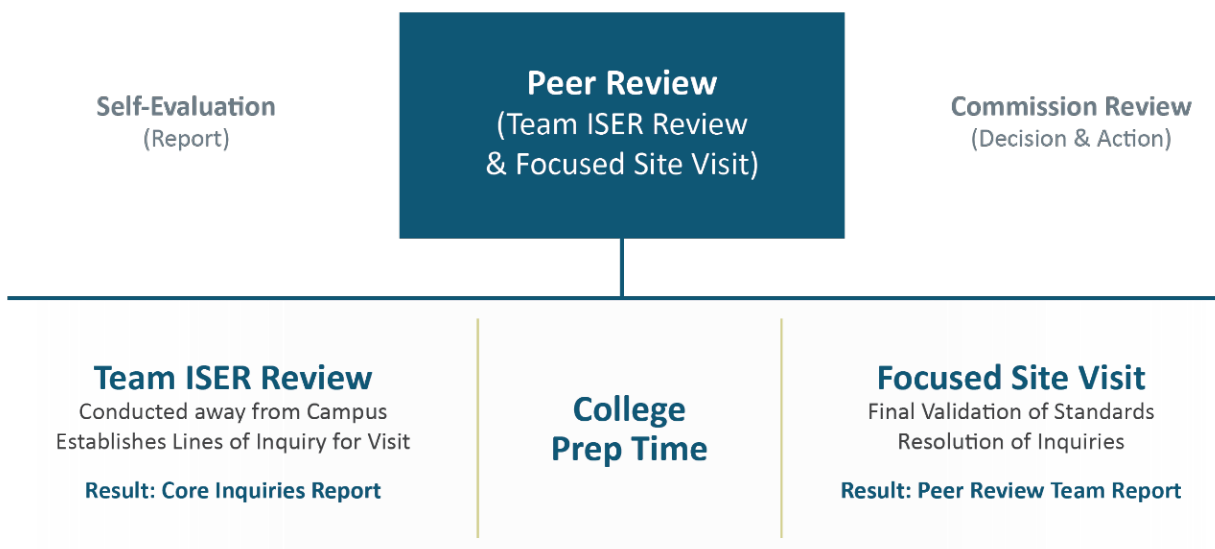
4.5 Comprehensive Review for Reaffirmation of Accreditation

Once an institution has achieved initial accreditation with ACCJC, the Commission expects that it will engage in continuous efforts to sustain and improve its educational quality and institutional effectiveness. To verify and validate these ongoing efforts, the Commission requires its member institutions to undergo a comprehensive peer review for reaffirmation of accreditation every eight years. ACCJC's comprehensive peer review process has two broad purposes:

1. to ensure that every member institution sustains its alignment with the Commission's Standards and federal regulations related to accreditation; and
2. to support and encourage institutions as they strive for equitable student outcomes and continued effectiveness in pursuit of their mission.

ACCJC's comprehensive peer review process in support of reaffirmation of accreditation has two components: a **team ISER review** that occurs shortly after the submission of the ISER, and a **focused site visit** that occurs four to five months after the team ISER review. Each element is described in the sections below.

CLOSER LOOK: Two-Semester Peer Review



4.5.1 Team ISER Review

The team ISER review is a one-day, off-campus meeting of the peer review team that occurs eight to ten weeks after the submission of the institution's self-evaluation report (ISER). During the team ISER review meeting, the full peer review team gathers to validate the institution's alignment with Standards using the narrative, analysis, and evidence provided in the ISER. Through this discussion, the team develops a series of core inquiries that will serve as the basis for discussions during the focused site visit. The core inquiries communicate areas where the team needs more information to validate alignment with Standards or develop commendations for areas of excellence. The core inquiries are provided to the institution's leadership shortly after the team ISER review. Core inquiries are sent to the institution in a formal Core Inquiries Report so that the institution has time to compile additional information and/or make improvements prior to the focused site visit.

In the weeks prior to the team ISER review, the team chair and vice chair will meet briefly with the institution's CEO and ALO to establish a relationship and set expectations for communication. The institution should also anticipate assisting the team with requests for additional evidence, information, and materials in the weeks prior to the team ISER review. Additionally, the institution should plan to host a virtual "open forum" and "meet and greet" between the institution and peer review team members prior to the team ISER review. These events help to orient the team members by providing an opportunity for the team to meet key members of the campus community and vice versa.

Institutions that have programs and/or learning support services via distance education (DE) or correspondence education (CE) should also prepare for the team's review of these offerings prior to the team ISER review. The Commission's [*Policy on Distance Education and on Correspondence Education*](#) provides definitions and expectations for each learning modality. For the review of distance education, institutions must provide access to a sample of its online offerings prior to the team ISER review (see Appendix B for guidance on preparing the sample and conducting the review).

Approximately a week after the team ISER review, the team chair, vice chair, and ACCJC staff liaison will meet with the institution's CEO to provide a brief oral summary of the team's work and the remaining questions that will be documented in the core inquiries. The team chair will send the finalized Core Inquiries Report to the institution's CEO approximately two weeks after the team ISER review date. This timeline provides the institution with a few months before the focused site visit to identify additional supporting evidence and/or document the continued maturation of its structures or processes in any areas specified in the core inquiries.

In the event that the team does not identify any core inquiries based on their review of the ISER and evidence, note that the team will still conduct a focused site visit to validate all Standards are met, host an open forum, and complete the Peer Review Team Report.

4.5.2 Using the Core Inquiries Report to Prepare for the Focused Site Visit

Core inquiries communicate areas where more information is needed to validate the institution's alignment with Standards or develop commendations for areas of excellence. The team chair provides a Core Inquiries Report to the institution's leadership shortly after the team ISER review so that the institution has time to identify and compile additional information and/or make improvements prior to the focused site visit. Institutions should review the Core Inquiries Report carefully and use it to prepare for the focused site visit. The core inquiries are designed to help institutions identify and collate additional evidence, develop processes in the continuous improvement cycle, and document continued maturation of its structures or processes in alignment with ACCJC Standards and policies.

Prior to the focused site visit, institutions should prepare a brief Core Inquiries Update document summarizing institutional developments (if any) and additional evidence related to the core inquiries. ACCJC provides institutions with a template for this update, which can be downloaded from the ACCJC website at <https://accjc.org/accreditation-handbook-and-report-templates/> or from the link available in Appendix A of this handbook. **The Core Inquiries Update and all additional evidence should be submitted to ACCJC no later than 2 weeks before the date of the visit.** ACCJC will distribute the Core Inquiries Update and associated evidence to the team for review.

About a month in advance of the focused site visit, the team chair, vice chair, CEO, ALO, and ACCJC staff liaison will hold a pre-visit conversation to discuss updates, set expectations for the focused site visit, discuss interview schedules, and confirm logistical arrangements. The institution generally provides the team with:

- lodging, transportation to/from campus, and clerical/technical assistance during the focused site visit;
- a room on campus (i.e., the team room) that is centrally located and private enough to ensure the team's confidential deliberation and with appropriate technology to support the team's work; and
- provisions (i.e., breakfast, lunch, snacks, etc.) and basic workroom supplies to support the team while they are on campus.

Institutions should work with the team chair and vice chair to determine how to best facilitate the needs of their specific team. Please note that institutions may not give (and team members should not accept) souvenirs or gifts.

4.5.3 The Focused Site Visit

The focused site visit occurs four to five months after the team ISER Review. The length of the focused site visit and the number of team members visiting the institution in person will be determined by the team chair and vice chair based on the core inquiries identified during the team ISER review. During the focused site visit, peer review team members will be on campus to review additional information related to the core inquiries, validate compliance with all Standards, and complete the Peer Review Team Report. The focused site visit is a required component of the comprehensive peer review process and will occur even if no core inquiries are identified so that the team can complete these tasks.

Teams understand that the focused site visit represents the culmination of a great deal of work by many individuals at the institution and are sensitive to the impact that their presence may have on the institution's internal and external stakeholder groups. Institutions should expect their peer review team members to be respectful and professional at all times.

The ACCJC staff liaison assigned to the institution accompanies the peer review team on the visit and will be present (to the extent that the visit schedule allows) to support both the institution and the peer review team. The staff liaison is not a member of the peer review team and does not participate in the team's deliberations or influence the team's findings, but they are present as a resource and can answer questions on the interpretation of Standards. The staff liaison abides by the Commission's [Policy on Conflict of Interest for Commissioners, Evaluation Team Members, Consultants, Administrative Staff, and Other Commission Representatives](#). ACCJC covers the staff liaison's expenses.

Focused site visits always take place when institutions are in session to facilitate dialogue between the peer review team and the institution. The team's requests for interviews and additional information are guided by the topics of the core inquiries and are intended to assist the team as it verifies institutional

alignment with all Standards and/or Commission policies. The team may interview administrators, department heads and program coordinators, members of the governing board, faculty, and students, as needed, and they will participate in a tour of the campus facilities. The team will also conduct an in-person open forum so that institutional personnel and other interested parties have an opportunity to speak with the team during the focused site visit. The institution's executive leadership teams are asked to refrain from attending the open forum. During these interactions, the institution's attitude should be characterized by openness and candor so that the team can form an accurate understanding of institutional quality and provide helpful advice where needed.

On the final day of the focused site visit, the team chair and vice chair will meet with the institution's CEO in private before giving a brief, high-level exit report to the institution as a whole. The purpose of the exit report is to summarize observations, comments, and major findings based on the team's evaluation of the ISER, supporting materials, and observations on site. Institutions should not film or record the exit report.

4.5.4 Peer Review Team Report

The Peer Review Team Report serves two purposes. First, it provides feedback to the institution regarding the quality of its performance in pursuit of its stated mission and goals, the effectiveness of its procedures, its evidence of student achievement and student learning, and the adequacy of its resources. Second, it provides first-hand observations and analysis that assist the Commission in its determination of the accredited status of the institution.

The team's report reflects the conditions at the institution at the time of the focused site visit. It confirms and validates the team's review of all Standards, addresses any issues that may have arisen since the team ISER review, and acknowledges the progress made by the institution during the interval between the team ISER review and the focused site visit. The core inquiries document is attached to the report as an appendix for context and to document the team's focus during the site visit.

When the team has finalized its Peer Review Team Report, the team chair will send a confidential copy to the institution's CEO for correction of errors of fact. After correcting any factual errors, the team chair sends the final Peer Review Team Report to the Commission.

Institutions also have the opportunity to respond in writing to issues of substance in the Peer Review Team Report, including Accreditation Standard deficiencies noted in the Report. Written responses must be received by ACCJC no less than 15 days in advance of the Commission meeting. The Commission also provides an opportunity for an institution's CEO (and other representatives of the institution, as appropriate) to appear before the Commission in person, as well – these due process procedures are described in detail in Section 5.2.

4.5.5 Possible Outcomes and Next Steps

The Commission will read the Peer Review Team Report and Institutional Self-Evaluation Report (ISER) in preparation for its deliberation and action on the institution's accredited status. The specific actions that the Commission may take on an institution in the context of a review for reaffirmation of accreditation are defined in the [Policy on Commission Actions on Institutions](#). These include Reaffirmation of Accreditation for the full eight-year cycle (with or without a follow-up report) and Reaffirmation of Accreditation for 18 months with a follow-up report (with or without a follow-up visit from a peer review team. In cases where an institution has been found to have serious deficiencies or areas of severe misalignment with Standards, the Commission may act to place the institution on sanction. More information about Commission actions can be found in Section 5, below.

Per policy, the Commission notifies institutions of its actions and decisions within 30 days of its Commission meetings via a formal, written action letter.²³ In the context of a comprehensive peer review, the Commission's action letter documents the institution's accredited status and lists any formal commendations or compliance requirements that emerged from the peer review process.²⁴ The action letter also outlines the next steps and any follow-up activities that must be taken by the institution. Along with the action letter, the Commission provides the institution with a final, public copy of the Peer Review Team Report. Per Commission policy, institutions must make the Commission's action letter, the Peer Review Team Report, and its ISER publicly available to its internal and external communities by placing these documents on the institution's accreditation webpage. Accreditation information must be easily accessible on the institution's website, no farther than one click from the home page.²⁵

5 COMMISSION ACTIONS ON INSTITUTIONS

As part of its regular activities, the Commission meets and takes action on the accredited status of institutions undergoing comprehensive peer review for preaccreditation and reaffirmation of accreditation. The Commission uses the Peer Review Team Report and ISER to support its decisions and actions on each institution's status and communicates its decision and findings to the institution in a formal action letter. The action letter documents any areas where the institution was found to be out of compliance with Standards and identifies the actions the institution is required to take in order to resolve the deficiencies. The action letter also documents and formally commends institutions for those areas where institutional practice exceeds Standards. Per Commission policy,²⁶ institutions must share the ISER, the final Peer Review Team Report, and the Commission action letter with the college community and the public.

5.1 Overview of Commission Meetings

The Commission meets two times per year, in January and June, to 1) consider informational and policy matters, and 2) decide the accredited status of applicant and member institutions. The Commission meets in open session when considering or acting upon information and policy matters in order to share information with the field and provide transparency to the public. Open session meetings are conducted in a hybrid format and members of the public are welcome and encouraged to attend open sessions, either in person or virtually. The preliminary open session agenda, information about how to attend, and registration for those wishing to make a public comment are made available on the ACCJC website prior to each Commission meeting.

When deliberating or acting upon matters related to the accredited status of applicant and member institutions, the Commission meets in closed session to ensure confidentiality. Closed sessions are not open to the general public, but members of the public who wish to comment on a specific institution's accreditation status may provide a [Third-Party Comment](#). The CEOs of institutions under review are invited to meet with the Commission in closed session, as described below in section 5.2.

Institutions undergoing review will receive a formal action letter from the Commission within 30 days of the meeting. Commission action letters inform institutions of decisions related to their accredited status

²³ See [Policy on Public Disclosure and Confidentiality in the Accreditation Process](#), Section III.

²⁴ Institutions have the right to appeal in cases where the Commission has acted to deny or withdraw candidacy status, deny initial accreditation, or withdraw accreditation. See the [Policy on Institutional Appeals](#).

²⁵ [Policy on Representation of Accredited Status](#)

²⁶ See [Policy on Public Disclosure and Confidentiality in the Accreditation Process](#).

and outline any next steps the institution are expected to take. A full list actions taken during each Commission meeting can be found on the ACCJC website at <https://accjc.org/commission-actions>.

5.2 Appearing before the Commission

As part of the review process, the Commission provides an opportunity for the CEO (and other representatives, as appropriate) of an institution under review to appear before the Commission during closed session, either in person or via video conference.²⁷ If the CEO wishes to appear on behalf of the institution, their spoken testimony should be limited to issues pertaining to the comprehensive review process – for example, statements in the Peer Review Team Report, evidence available at the time of the site visit, and/or conduct of the peer review team.

The institution's CEO may also provide supplemental written materials to the Commission prior to their decision and action. As with spoken testimony, additional documentation and other written materials must pertain to the comprehensive peer review and should not include information or evidence that would not have been available to the peer review team at the time of the site visit.

ACCJC staff will provide additional written information and guidance about appearing before the Commission to CEOs shortly before the Commission meeting at which action will be taken on their institution to ensure they are aware of how to take advantage of these due process rights.

5.3 Commission Actions on Institutions

The Commission's [Policy on Commission Actions](#) outlines the specific actions that the Commission may take on an institution's accredited status, and describes the institutional conditions signified by each action in detail. For example, the action of Reaffirm Accreditation indicates that the Commission has found an institution to be in compliance with the Standards. The action of Reaffirm Accreditation for 18 Months and Require a Follow-Up Report indicates that the Commission has found an institution to be in compliance with most Standards, but with deficiencies that must be resolved before accredited status can be reaffirmed for the remainder of the cycle. In instances of severe non-compliance with Standards, the Commission may place the institution on sanction (i.e., warning, probation, or show cause).

The Commission will communicate its action on an institution's accredited status in a formal, written action letter to the institution. The action letter will indicate areas of exemplary or commendable practices (i.e., commendations) that have been identified through the review process. In cases where deficiencies have been identified, the action letter cites the relevant Standard(s) and indicates what the institution is required to do in order to come into compliance with the Standard (i.e., compliance requirements). Per federal regulations, institutions must resolve deficiencies and demonstrate compliance with related Standards within three years.²⁸ In these cases, the Commission will generally require the institution to submit a follow-up report outlining how it has resolved the stated deficiencies. Depending on the specific deficiency, the Commission may also require a peer review team to conduct a follow-up visit to the institution. ACCJC staff provide templates for follow-up reports; the follow-up report template can be downloaded from the ACCJC website at <https://accjc.org/accreditation-handbook-and-report-templates/>. A direct link is also available in Appendix A of this handbook.

As noted above, in instances of severe non-compliance with Standards, the Commission may place the institution on sanction (i.e., warning, probation, or show cause). Sanctions indicate a level of serious concern regarding the scope of non-compliance that has been found at the institution. During the

²⁷ See Section D of the [Policy on Rights, Responsibilities, and Good Practice in Relations with Member Institutions](#).

²⁸ 34 CFR § 602.18. If the issue has not been resolved within three years and there is no justification for a Good Cause Extension, the Commission must take adverse action and place the institution on Show Cause.

sanction period, the institution may be subject to follow-up reports and visits at the discretion of the Commission. To ensure the equitable treatment of students in the unlikely event that the institution does not demonstrate compliance, institutions placed on Probation will also be required to submit a teach-out plan; those placed on Show Cause will be required to submit both a teach-out plan and teach-out agreement.²⁹ ACCJC staff provide templates for both teach-out plans and teach-out agreements; the templates can be downloaded from the ACCJC website at <https://accjc.org/accreditation-handbook-and-report-templates/>. Direct links are also available in Appendix A of this handbook.

If the Commission acts to deny or withdraw candidacy, deny initial accreditation, or withdraw accreditation, institutions may appeal the decision in accordance with the [*Policy on Institutional Appeals*](#). Steps in the appeals process are outlined in the policy document.

²⁹ See [*Policy on Teach-Out Plans and Agreements*](#).

GLOSSARY OF TERMS RELATED TO ACCJC ACCREDITATION

Academic Calendar: Chronology of dates for an institution's scheduled period of instruction, including dates for registration, additions and deletions to course schedules, beginning and ending dates for the term, scheduled examinations, and the deadline for application for graduation. See the [Policy on Credit Hour, Clock Hour, and Academic Year](#) for additional details.

Academic Credit: Credit that is applicable toward a degree or credential at the institution where it is awarded based on completed coursework, through adequately substantiated prior learning experience, or accepted upon transfer in. See the [Policy on Credit Hour, Clock Hour, and Academic Year](#), [Policy on Credit for Prior Learning](#), and [Policy on Transfer of Credit](#) for additional details. (See also Credit Hour).

Academic Freedom: Defined by the American Association of University Professors as the freedom of a teacher or in higher education to investigate and discuss the issues in their academic field, and to teach or publish findings without interference from political figures, boards of trustees, donors, or other entities. Academic freedom also protects the right of a faculty member to speak freely when participating in institutional governance, as well as to speak freely as a citizen.

Academic Integrity: The commitment to and demonstration of honest behavior in an academic setting. Includes avoiding plagiarism and cheating, as well as includes concepts of publication ethics and responsible research.

Academic Quality: The degree to which the learning opportunities, instruction, student supports, infrastructure, and operations of an institution result in equitable student outcomes, including attainment of learning outcomes, completion of degrees and certificates, and meaningful post-completion employment.

Academic Year: Instructional equivalent of two semesters of approximately 15 weeks each or three quarters of approximately 10 weeks each, either of which may include examination days. See the [Policy on Credit Hour, Clock Hour, and Academic Year](#) for additional details. (See also Credit Hour).

Accreditation: The process by which a private, non-governmental body evaluates an educational institution or program of study and formally recognizes it as having met certain predetermined criteria or standards, through a process involving periodic institutional self-reflection and peer evaluation, for the purpose of providing professional judgement as to the institution or program's educational quality and stimulating continuous improvement beyond the accrediting body's minimum standards.

Accreditation, Institutional: A status of affiliation with a recognized institutional accrediting body (see Accrediting Commission) that grants accreditation to an entire institution, indicating that each of its parts contributes to the achievement of institutional objectives and overall institutional quality.

Accreditation, Specialized: A status of affiliation with a recognized specialized accrediting body (see Accrediting Commission) that grants accreditation to a department, program, or curriculum program within an institution or to an independent, specialized institution.

Accreditation Cycle: The period that begins at the conclusion of a comprehensive peer review and continues through the end of the next comprehensive peer review. See the *Accreditation Handbook* for additional detail regarding tasks that occur within the cycle.

Accreditation Liaison Officer (ALO): An individual selected by the chief executive officer of an institution to work with appropriate individuals or agencies on matters of accreditation.

Accreditation Standards: Statements of good practice adopted by the Commission that establish expectations for educational quality and institutional effectiveness for its member institutions. Accreditation Standards measure not only the quality and effectiveness of the institution's programs and support services no matter where or how they are offered, but also the effectiveness of the institution in meeting its mission, the adequacy of resources, and the processes of leadership, governance, and decision-making that enable the institution to improve, adapt, and respond as students' needs change.

Accreditation Status: Formal recognition given to an institution or specialized program by a recognized nongovernmental accrediting body (see Accrediting Commission), indicating that the institution or program has meet the accrediting body's established standards of educational quality.

Accrediting Commission: A voluntary, nongovernmental body that is authorized to administer accrediting procedures. Accrediting bodies are recognized by the Secretary of the U.S. Department of Education and/or the Council for Higher Education Accreditation as a reliable authority concerning the quality of education or training offered by educational institutions or programs but are not established by federal or state governmental agencies, departments, or offices. The scope of an individual accrediting body may be institutional or specialized; ACCJC is recognized by the Department as an institutional accrediting commission.

Action Letter: A formal letter from the Commission documenting an official action or decision related to an institution's accreditation status, detailing any areas of exemplary practice or deficiencies, and, when applicable, outlining any required next steps.

Admission Policy: The rationale which determines the applicants who shall be admitted to an institution. Consideration is given to the role assigned to the institution by its governing body; the programs, resources, and facilities of the institution; and the qualifications and goals of the potential student.

Adverse Action: The denial, withdrawal, suspension, revocation, or termination of accreditation or preaccreditation, or any comparable action an accrediting body may take against an institution or program. See the [Policy on Commission Actions on Institutions](#) for additional details.

Appeal: A petition for reconsideration of an adverse action by a recognized accrediting commission in accordance with due process as described in the appeal procedures. ACCJC's appeal procedures are described in the [Policy on Institutional Appeals](#).

Applicant: An institution in the process of developing an application for candidacy with ACCJC.

Associate Degree: A lower division undergraduate degree normally representing about two years (60 semester or 90 quarter units) of college study or its equivalent in depth and quality of learning experience. Includes Associate of Arts (A.A.), Associate of Science (A.S.), Associate of Applied Science (A.A.S.), and Associate of Occupational Science (A.O.S.). The A.A. degree implies more liberal education orientation, the A.S. degree implies a more applied education orientation, and the A.A.S. and A.O.S. imply a highly applied or occupational educational orientation.

Baccalaureate Degree: An undergraduate degree normally representing about four years (120 semester or 180 quarter units) of college study, or its equivalent in depth and quality of learning experience. Includes Bachelor of Arts (B.A.) and Bachelor of Science (B.S.). The B.A. degree implies a more liberal education orientation, and the B.S. degree implies a more applied educational orientation. ACCJC is authorized by the U.S. Department of Education to accredit institutions which have as a primary mission the granting of associate degrees, but which may also award certificates and other credentials, including bachelor's degrees, provided that those other credentials are aligned with the institution's mission and, if applicable, authorized by their governmental authorities. See the [Policy on Accreditation of Baccalaureate Degrees](#) for additional details.

Branch Campus: A location of an institution that is geographically apart from and independent of the main campus and (1) is permanent in nature; (2) offers at least 50% of the courses of an educational program leading to a degree, certificate, or other educational credential; (3) has its own faculty and administrative organization; and (4) has its own budgetary and hiring authority. See the [Policy on Substantive Change](#) for additional details and definitions.

Candidacy: A preaccreditation status with the Commission following a specified procedure for application, institutional self-study, and on-site evaluation. Candidacy is not accreditation and does not ensure eventual accreditation. It is an indication that an institution complies with the Eligibility Requirements and is progressing toward accreditation. See the [Policy on Preaccreditation](#) and the *Accreditation Handbook* for additional details.

Catalog: The official bulletin or publication of a higher education institution stating admission and graduation requirements, majors, minors, current offerings, costs, faculty, and all other significant information necessary for an accurate understanding of the institution. See Eligibility Requirement 2 for a listing of required catalog elements.

Certificate: A program of study shorter in length than an Associate Degree program that generally focuses on a specific field of experience or core set of skills. Certificate programs vary in length and may be either credit or non-credit.

Clock Hour: A period of time consisting of a 50-60 minute class, lecture, faculty-supervised lab, internship, or the equivalent in which students are in attendance and involved in learning activities. See the [Policy on Credit Hour, Clock Hour, and Academic Year](#) for additional details and definitions.

College: Generic term to denote any of the postsecondary educational institutions eligible for accreditation or accredited by the Commission. May be used as a synonym for institution or institution of higher education.

Commendation: A formal statement from the Commission indicating that the institution exceeds one or more Standards, as demonstrated through practices that lead to exemplary outcomes.

Commission: Refers to the Accrediting Commission for Community and Junior Colleges.

Commission Action: Refers to a formal decision by the Commission related to the accredited status of an institution. See the [Policy on Commission Actions on Institutions](#) for a listing of specific actions that the Commission takes and the circumstances in which each action applies.

Complaint: A concern regarding a member or candidate institution (or the Commission itself) brought to the attention of the Commission through an established complaint process, as defined in the [Policy on Complaints Against Member Institutions](#) and/or the [Policy on Complaints Against the Accrediting Commission for Community and Junior Colleges](#).

Compliance: A term signifying that an institution meets a Standard, group of Standards, and/or Commission policies.

Compliance Requirement: A formal statement from the Commission indicating required actions an institution must take in order to resolve areas of deficiency or noncompliance related to a Standard, group of related Standards, and/or Commission policy.

Comprehensive Peer Review: A process periodically and jointly conducted by the institution and the accrediting commission that includes: 1) the institution's self-evaluation report; 2) evaluation by a peer review team (including an on-site visit); 3) the peer review team's report of its findings; 4) the accrediting commission's action; and 5) the institution's follow-up action to the accrediting commission's action (if required). See the *Accreditation Handbook* for additional details.

Conflict of Interest: A real or perceived circumstance that compromises an individual's capacity to render a fair and impartial decision regarding the accreditation status of an institution. See the [Policy on Conflict of Interest for Commissioners, Peer Review Team Members, Consultants, Administrative Staff, and Other Commission Representatives](#) for additional details.

Contractual Agreements: Arrangements for educational services that are either: (1) provided by the college/district/system for remuneration under contracts with business or other agencies, or (2) received by the college/district/system under contracts with businesses or other agencies. Contractual arrangements for delivery of educational services may include, but are not limited to, curriculum, learning support services, student support services, and instruction. See the [Policy on Contractual Relationships with Non-Accredited Organizations](#) for additional details.

Core Inquiries: A formal mechanism for peer review teams to communicate the questions and requests for clarification, additional information, evidence or interviews that emerge from the team ISER review. Core inquiries indicate the areas or topics that will be the primary focus of the peer review team during its focused site visit and are sent to the institution four to five months in advance of the team's arrival on site.

Correspondence Education: A modality of instruction in which (1) the institution provides instructional materials (and examinations on these materials) via mail or electronic transmission to students who are separated from instructors, and (2) interaction between instructors and students is limited, is not regular or substantive, and is primarily initiated by the student. See the [Policy on Distance Education and on Correspondence Education](#) for additional details.

Council for Higher Education Accreditation (CHEA): A national voluntary membership organization representing institutional and specialized accrediting agencies and the general public. ACCJC has been recognized by CHEA as an accrediting body that maintains high standards of student success, public accountability, continuous improvement, fairness in application of rigorous standards, and a commitment to diversity and autonomy of institution missions. See the [CHEA website](#) for additional details.

Course: A single instructional subject commonly described by title, number, credits, and expected learning outcomes in the college catalog or bulletin.

Credit for Prior Learning (CPL): College credit awarded to students for college-level skills and knowledge gained outside of a college classroom setting (e.g., military training, job experience, national examinations), after an evaluation or assessment to validate the prior learning. See the [Policy on Credit for Prior Learning](#) for additional details.

Credit Hour: A quantification of student academic learning. One credit hour reasonably approximates one hour of classroom or direct instruction and a minimum of two hours of out-of-class student work per week, for approximately 15 weeks for a semester or 10-12 weeks for a quarter. See the [Policy on Credit Hour, Clock Hour, and Academic Year](#) for additional details.

Deficiency: An institutional practice, policy, procedure, or absence thereof that results in a condition of noncompliance with one or more Standards or Commission policies.

Distance Education: A mode of instruction that uses one or more specific technologies to (1) deliver instruction to students who are separated from the instructor and (2) to support regular and substantive interaction between students and instructors, either synchronously or asynchronously. See the [Policy on Distance Education and on Correspondence Education](#) for additional details. (See also Regular and Substantive Interaction).

Diversity: For the purposes of ACCJC's accreditation processes, diversity refers to traits and characteristics that make individuals and groups unique from one another, including traits and characteristics related to race, ethnicity, gender, sexual orientation, socioeconomic status, age, physical ability, religious beliefs, geographic region, or political ideology.

Eligibility: A determination by ACCJC that an institution meets the Commission's Eligibility Requirements and may apply for candidacy status (also referred to as preaccreditation status). Eligibility is not preaccreditation; rather it is a pre-condition for preaccreditation. The term eligibility may also refer to the process through which an institution demonstrates that it complies with Eligibility Requirements. See the [Policy on Preaccreditation](#) and the *Accreditation Handbook* for additional details.

Eligibility Requirements: The characteristics of an institution and the conditions required by the Commission for consideration as a candidate for accreditation, for initial accreditation, and for continued membership. See the [Eligibility Requirements](#) for additional details.

Equity, Equitable: For the purposes of ACCJC's accreditation processes, equity refers to parity in educational outcomes for students that have been historically marginalized within the U.S. system of higher education. See the [Policy on Social Justice](#) for additional details.

Equity-Mindedness: For the purposes of its accreditation processes, ACCJC has adopted the definition of equity-mindedness used by the [Center for Urban Education](#) – i.e., equity-mindedness refers to the perspective or mode of thinking exhibited by practitioners who call attention to patterns of inequity in student outcomes. These practitioners are willing to take personal and institutional responsibility for the success of their students, and critically reassess their own practices. It also requires that practitioners are race-conscious and aware of the social and historical context of exclusionary practices in American Higher Education.

Experiential Learning: Learning acquired from work and life experiences, mass media, and independent reading and study.

Focused Site Visit: An on-site visit by a peer review team to an institution that occurs as part of a comprehensive peer review for reaffirmation of accreditation. See the *Accreditation Handbook* for additional details.

Freedom of Inquiry: The latitude to pursue knowledge and/or research across a wide range of diverse opinions and perspectives, without censure or undue interference.

General Education: An essential collegiate-level component of associate and baccalaureate degree programs designed to foster effective independent lifelong learning by introducing students to the content and methodology of the major domains of knowledge.

Hybrid: An educational program or course that includes both face-to-face and distance education.

Inclusion: For the purposes of ACCJC's accreditation processes, inclusion refers to behaviors, norms, actions, and practices taken by an institution to represent, welcome, and value people from different backgrounds and perspectives, and people from historically under-resourced and marginalized groups in particular.

Institution: A postsecondary educational organization that is or may be accredited by the Commission. (*See also* College).

Institution-Set Standards: Institutionally-defined performance expectations for successful course completion, degree completion, certificate completion, transfer rates, licensure examination pass rates, and job placement rates, as well as any other metrics determined by the institution to be relevant to its mission and objectives. ACCJC member institutions are expected to set both a minimum standard (i.e., a “floor”) and an aspirational stretch goal for each metric listed above. Institutions are also expected to monitor their performance against their institution-set standards for the purpose of assessing achievement of their mission and informing plans for continuous

improvement. Institutions report on their performance against their institution-set standards as part of the Annual Report to ACCJC, during the Midterm Report, and as part of the institutional self-evaluation and comprehensive peer review process.

Institutional Character and Context: The circumstances, conditions, and/or characteristics that affect the institution's setting and the manner in which it operates. Institutional character and context may include factors related to institutional structure, size, culture, internal stakeholders (including current students), external stakeholders (including intended students, employers, transfer partners, etc.), geographic location, service area demographics, and other similar characteristics.

Institutional Self-Evaluation: An institution's self-analysis of its educational quality and institutional effectiveness in relation to its stated mission and goals, using the Accreditation Standards as a framework for reflection and self-evaluation.

Institutional Self-Evaluation Report (ISER): A comprehensive report documenting the results of an institution's self-evaluation against Accreditation Standards, noting areas of institutional strength and opportunities for continued learning and improvement.

Learning Outcomes: Measurable skills, abilities, competencies, knowledge, or values that students should be able to demonstrate as the result of completing an educational experience. Generally, degree of attainment of learning outcomes is assessed at the course, program, and institutional levels.

Member Institution: An institution that has been granted preaccreditation or accreditation status by its accrediting body. In the context of ACCJC's practices, a member institution has demonstrated its alignment with the Commission's Eligibility Requirements, Standards, and policies through a formal application for preaccreditation (*see also* Candidacy) or reaffirmation of accreditation.

Peer Review Team: A team of individuals drawn primarily from an accrediting association's member institutions that conducts a comprehensive review of an institution's ongoing compliance with Accreditation Standards, using the institution's self-evaluation report, supporting evidence, and interviews conducted during an on-site visit.

Peer Review Team Report: A written document formally outlining the findings, observations, recommendations, and suggestions of a peer review team, based on the conditions at an institution during an official on-site visit.

Pre-Collegiate: Curriculum and courses offered by the college, either credit or noncredit, that the college defines as below the level of curriculum that satisfies requirements for either degrees or transfer. Pre-collegiate curriculum usually refers to courses that may prepare a student to successfully complete degrees or transfer. Pre-collegiate curriculum may also refer to courses that provide technical preparation for individuals to attain entry-level work without completing studies, which would qualify for either a certificate that is part of a degree, a degree, or transfer.

Preaccreditation: The status of accreditation and public recognition that a recognized accrediting agency grants to an institution or program for a limited period of time, signifying that the agency has determined the institution or program is progressing toward full accreditation and is likely to achieve that milestone before the expiration of the limited period of time (period sometimes referred to as “candidacy”). ACCJC uses the term candidacy to reflect the status and state of preaccreditation. See the [Policy on Preaccreditation](#) for additional details.

Probation: A sanction issued by the Commission against an institution when the institution deviates significantly from the Standards, but not to such an extent as to warrant a Show Cause mandate or the termination of accreditation. If Probation is issued as a result of a comprehensive peer review, the reaffirmation is delayed during the period of Probation. The accredited status of the institution continues during the Probation period. See the [Policy on Commission Actions on Institutions](#) for additional details.

Private College: An institution with a self-perpetuating or otherwise not publicly-chosen governing board, and little, if any, direct tax support. A private institution can be for-profit or non-profit.

Program: In an academic context, program is defined as a course of study offered by an institution of higher education that leads to an academic or professional degree, certificate, or other recognized educational credential. This definition does not prohibit institutions from defining and operating non-academic services or operational functions as programs (e.g., a TRIO program).

Public College: An institution supported by public funding with a governing board that is elected or appointed by elected officials in accordance with regulations of the state in which it operates.

Recommendation for Compliance: A statement of a peer review team’s professional judgment regarding actions an institution must take in order to resolve areas of deficiency or noncompliance related to a Standard, group of related Standards, and/or Commission policy. May also be referred to as “compliance findings” or “compliance recommendations.” Recommendations from the team are taken under consideration by the Commission and may become Compliance Requirements for the institution. (See *also* Compliance Requirements).

Recommendation for Improving Institutional Effectiveness: A statement of a peer review team’s professional judgment regarding actions an institution should consider in order to ensure continued compliance with a Standard, group of related Standards, and/or Commission policy. May also be referred to as “improvement recommendations” or “recommendations to increase effectiveness.” In contrast with recommendations for compliance, recommendations for improving institutional effectiveness do not signify areas of current noncompliance with Standards; rather, they indicate areas where deficiencies may emerge if the institution does not make adjustments to its current practices or policies.

Regular and Substantive Interaction: See the [Policy on Distance Education and on Correspondence Education](#) for a detailed definition and specific federal requirements. Generally speaking, regular and substantive interaction refers to the practice of engaging students in teaching, learning, and assessment, using specific methods specified in federal regulations, on a regular and predictable basis while also monitoring students’ progress and success and proactively engaging with students to support their engagement and success in the course.

Sanction: May be applied to an institution when the Commission concludes that the institution is in serious noncompliance with one or more Standards, policies, or Eligibility Requirements. The intent of a sanction is to highlight the immediate need for an institution to bring itself into compliance. Sanctions serve as an indicator of the severity of noncompliance, and include Warning, Probation, and Show Cause. See the [Policy on Commission Actions on Institutions](#) for additional details.

Show Cause: An action issued by the Commission when an institution is found to be in substantial noncompliance with Standards. Under Show Cause, the institution is required to demonstrate why its accreditation should not be withdrawn at the end of a stated period by providing evidence that it has corrected the deficiencies noted by the Commission and is in compliance with Standards. If Show Cause is mandated as a result of the institution's comprehensive peer review, reaffirmation is delayed pending the institution's ability to demonstrate why its accreditation should be continued. The accredited status of the institution continues during the period of the Show Cause mandate. See the [Policy on Commission Actions on Institutions](#) for additional details.

Student Achievement: Completion of meaningful educational goals, including degrees and certificates, graduation and transfer, licensure examinations, post-graduation employment, and other similar measures of attainment.

Student Outcomes: A broad term encompassing both student achievement and student learning outcomes.

Substantive Change: A change that significantly alters the quality, mission, scope or control of an institution. These include changes to an institution's objectives or the scope of its offerings; changes to the geographic area(s) served; change in ownership, control, or legal status; and changes in programs or their mode of delivery that represent significant departure from established institutional practice. See the [Policy on Substantive Change](#) for additional details.

Teach-Out: Provision by an institution for the equitable treatment of students if the institution closes or discontinues an educational program before all students enrolled in that program complete it. See the [Policy on Teach-Out Plans and Agreements](#) for additional details.

Team ISER Review: A one-day meeting of a peer review team, held roughly four to five months in advance of a focused site visit to an institution going through a comprehensive peer review, in which the team gathers to finalize its preliminary analysis of an institution's self-evaluation report. The team develops a series of core inquiries based on the provided narrative and evidence; these core inquiries inform the dialogue during the focused site visit.

Tribal College: A federally-designated category of minority-serving institutions that focus on maintaining, preserving, and restoring Native languages and cultural traditions while providing educational and job training opportunities for students identifying as American Indian and Alaska Native. May also be referred to as a TCU (short for Tribal Colleges and Universities).

Warning: A sanction issued by the Commission against an institution when it determines that the institution is in a state of serious noncompliance with Standards. If Warning is issued as a result of a comprehensive peer review, the reaffirmation is delayed during the period of Warning. The accredited status of the institution continues during the Warning period. See the [Policy on Commission Actions on Institutions](#) for additional details.

APPENDICES

Appendix A Links to Templates for ACCJC Reports

Institutional Reports

ACCJC developed the templates below to assist institutions as they complete and submit reports that may be required by the Commission. Each template includes embedded instructions and guidance for the content and formatting of each report. For assistance or technical support with the templates, contact your assigned ACCJC staff liaison.

Report Title & Template Link	Description
Eligibility Report <i>Contact ACCJC for template</i>	<ul style="list-style-type: none"> • Required for institutions seeking to pursue ACCJC membership • Establishes compliance with Eligibility Requirements
Institutional Self-Evaluation Report for Candidacy	<ul style="list-style-type: none"> • Required for applicant institutions as part of a candidacy application • Provides narrative and evidence documenting alignment with Standards
Institutional Self-Evaluation Report	<ul style="list-style-type: none"> • Required for all institutions as part of a comprehensive review • Provides narrative and evidence documenting alignment with Standards
College Update on Core Inquiries	<ul style="list-style-type: none"> • Required prior to a focused site visit • Summarizes response and additional evidence related to each core inquiry
Midterm Report	<ul style="list-style-type: none"> • Required for all institutions in the fourth year of the review cycle • Provides update on institutional improvements and student outcomes; looks forward to next self-evaluation
Follow-Up Report for Initial Accreditation	<ul style="list-style-type: none"> • Required for candidate institutions as part of the application for initial accreditation • Provides narrative and evidence documenting how the institution has addressed compliance requirements and aligned with Standards
Follow-Up Report	<ul style="list-style-type: none"> • Completed only when required by the Commission • Provides narrative and evidence documenting how the institution has addressed compliance requirements and aligned with Standards
Special Report <i>Contact ACCJC staff liaison for template</i>	<ul style="list-style-type: none"> • May be required by the Commission under certain circumstances • Provides information and evidence in response to a formal inquiry from the Commission, detailed in a formal action letter

Teach-Out Plan

- Required during the preaccreditation process
- May be required in response to certain circumstances or events that might lead to voluntary or involuntary closure
- Documents how the institution will ensure equitable treatment of students in the event of a closure of the institution or location that provides 100% of at least one program

Teach-Out Agreement

- May be required as part of a Teach-Out Plan under certain circumstances
- Documents written agreement(s) between institutions that ensure equitable treatment of students in the event of a closure of an institution or institutional location that provides 100% of at least one program

Show Cause Report

- May be required when the Commission finds an institution to be in substantial noncompliance with the Commission's Standards
- Demonstrates why the institution's accreditation should not be withdrawn by providing evidence that it has corrected the deficiencies noted by the Commission and complies with the Commission's Standards

Closure Report

*Contact ACCJC staff liaison
for template*

- Required when a decision to close an institution has been made, or when involuntary closure of the institution is imminent
-

Peer Review Team Reports

ACCJC developed the templates below to assist peer review teams with the completion of formal reports during the comprehensive review process. For questions, assistance, or technical support with the templates, contact your assigned ACCJC staff liaison.

Report Title & Template Link	Description
<u>Core Inquiries Report</u>	<ul style="list-style-type: none"> • Summarizes areas or topics where the Peer Review Team would like clarification, expansion, or additional evidence • Establishes the primary lines of inquiry for the focused site visit
<u>Peer Review Team Report (Comprehensive Review)</u>	<ul style="list-style-type: none"> • Documents the findings of the Peer Review Team during a comprehensive peer review process • Contains recommendations to the Commission regarding the institution's alignment with Standards • Provides suggestions and observations to support the institution's continuous quality improvement efforts
<u>Peer Review Team Report (Follow-Up or Special Review)</u>	<ul style="list-style-type: none"> • Documents the findings of the Peer Review Team during a follow-up review, specifically related to institution's progress on specific compliance requirements • Contains recommendations to the Commission regarding the institution's alignment with Standards • Provides suggestions and observations to support the institution's continuous quality improvement efforts

Appendix B Protocol for Distance Education Review

The Commission's [Policy on Distance Education and on Correspondence Education](#) (in compliance with federal regulation [34 CFR § 602.3](#)) specifies that all learning opportunities provided by accredited institutions must have equivalent quality, accountability, and focus on student outcomes, regardless of mode of delivery. ACCJC's protocol for review of distance education below aligns with this policy and helps to verify ongoing commitment to academic quality and continuous improvement in an online modality using consistent procedures for each review.

Guidelines for Institutions: Preparing for Review

In preparation for distance education review, prepare a random sample of distance education courses for review. Use the following criteria to prepare the sample:

- Courses in the sample should be 100% online (i.e., exclude hybrid sections). Indicate whether the individual sections in the sample were offered synchronously or asynchronously.
- All sections in the sample should be from the semester, quarter, or term immediately preceding the date of the review. For example: if the review is in fall 2026, the sample courses must be from spring 2026.
- The sample should include 5% of the total number of distance education sections offered in the sample semester but should contain a **minimum of 15 sections and a maximum of 50 sections**.

Once the sample has been prepared, work with the team chair to provide the peer review team with access to the sample. The team will review each section in the sample for evidence of regular and substantive interaction, as defined in the *Policy on Distance Education and on Correspondence Education*. Therefore, **the reviewers should have a level of access to the LMS that allows them to observe activities where this interaction takes place.**

Institutions generally inform faculty members when any of their sections have been included in the review sample. Because the team members are focused on archived courses from a previous semester, they will not be interfering with instruction or course design, and they are not evaluating individual instructors. Institutions should expect peer review team members to maintain confidentiality of student and instructor information in accordance with the Commission's [Policy on Public Disclosure and Confidentiality in the Accreditation Process](#) at all times.

Guidelines for Peer Reviewers: Conducting the Review

As part of the comprehensive review process, the team chair assigns one or two team members to conduct the distance education review. The team chair will work with the institution to ensure that these reviewers have access to a sample of archived courses from the most recently completed semester, quarter, or term (see above). Reviewers will access the sample and evaluate the degree to which regular and substantive interaction between instructors and students occurs within the institution's distance education offerings. **The distance education review should be completed prior to the team ISER review in order to allow for the development of core inquiries, if needed.**

Reviewers should verify that the institution's definitions and expectations for regular and substantive interaction align with the definition established in the [Policy on Distance Education and on Correspondence Education](#), and then evaluate courses in the sample using the institution's own definitions and expectations. Any questions emerging from the initial review should be documented as core inquiries. For example, if less than half of the asynchronous sections in the initial sample demonstrate evidence of regular and substantive interaction, the team will likely consider developing a core inquiry.

Framing of the core inquiries should be based on the careful consideration of context and potential themes emerging from the review of the ISER and linked to Accreditation Standards where relevant. For example:

- What professional development does the institution offer to faculty around teaching and learning? Do these offerings include support for online modalities? (Standard 3.2)
- How are expectations regarding academic breadth, depth, and rigor generally communicated? Are definitions and expectations for regular and substantive interaction included in these communications? (Standard 2.1)
- What provisions does the institution have in place to ensure its courses meet students' needs and support equitable success? Are there considerations for instructional modality in these provisions? (Standard 2.6)
- How does the institution review its educational offerings to ensure that quality is maintained? Are there considerations for distance education courses within these review processes? (Standard 2.9)

Consideration of the broader context will help the team develop thoughtful core inquiries and prompt institutional reflection in preparation for the focused site visit. During the subsequent focused site visit, the reviewers will have an opportunity to further triangulate their findings through a second sample and interviews with faculty, students, and/or managers/administrators.

Appendix C Site Visit Preparation Checklist

The *Site Visit Preparation Checklist*, while not required for use, is a resource to assist institutions and team chairs and vice chairs as they prepare for the logistics of the site visit (i.e. scheduling components of the review, logistics for team, preparing for DE/CE review, etc.).

Team ISER Review

While the Team ISER Review is not a visit to the college, the institution will be interacting with the team in specific ways leading up to this event.

The team chair or vice chair will coordinate with the college Accreditation Liaison Officer (ALO):

- ☐ Random sample of DE/CE course for review
- ☐ Request for additional evidence
- ☐ Virtual Meet and Greet
- ☐ Virtual Open Forum (one hour)

Focused Site Visit (FSV)

- ☐ Two weeks prior to the FSV, the institution's ALO submits the college's response to the core inquiries using ACCJC's *College Response to Core Inquires Template*, along with any accompanying evidence. The college's ACCJC staff liaison will provide the college with this template.

The team chair or vice chair will coordinate with the college ALO:

- ☐ Travel and accommodation needs for the team
- ☐ Safe and secure space needed at college for the team
- ☐ Needed equipment, resources for the team
- ☐ Meet and Greet
- ☐ Campus tour
- ☐ Open Forum (one hour)
- ☐ Exit Report
- ☐ Interview schedule with college personnel

Follow-up/Special Visit

The institution will be notified of the need for a Follow-Up or Special Visit on the action letter or official communication from ACCJC.

- ☐ College submits Follow-Up or Special Report to ACCJC by required date
- ☐ ACCJC staff liaison will coordinate with the college the dates for the visit and the members of the visiting team

The team chair or ACCJC staff liaison will coordinate with the college ALO:

- ☐ Travel and accommodation needs for the team
- ☐ Safe and secure space needed at college for the team
- ☐ Needed equipment and resources for the team
- ☐ Interview schedule with college personnel

Substantive Change Visit

The college will be notified of the need for a visit on the substantive change approval action letter.

- ☐ ACCJC staff liaison will schedule the date and arrange logistics for the visit with the college ALO

See the [Substantive Change Manual](#) for details of types of required substantive change visits.

Appendix D ACCJC Rubrics for Institutional Alignment and Transformation

ACCJC's Rubrics for Institutional Alignment and Transformation are a resource to prompt collegial dialogue and critical self-reflection between institutional stakeholders and peer reviewers. The rubrics are intended to assist institutions as they deepen their practices with respect to Accreditation Standards throughout the accreditation cycle and promote the achievement of equitable student success. The rubrics offer an opportunity for stakeholders to reflect aspirationally and in the spirit of continuous improvement and mission fulfillment.

STANDARD	Initial	Emerging	Developed	Highly Developed
1.1. The institution has established a clearly defined mission that appropriately reflects its character, values, structure, and unique student demographics. The institution's mission articulates its commitment to ensuring equitable educational opportunities and outcomes for all students.	The institution has established a mission.	The institution has established a clearly defined mission that appropriately reflects its character, values, structure, and unique student demographics.	<p>The institution has established a clearly defined mission that appropriately reflects its character, values, structure, and unique student demographics.</p> <p>The institution's mission articulates its commitment to ensuring equitable educational opportunities and outcomes for all students.</p>	<p>The institution has established and is fulfilling a clearly defined mission that appropriately reflects its character, values, structure, and unique student demographics.</p> <p>The institution has achieved equitable educational opportunities and outcomes for all students.</p>
1.2. The institution establishes meaningful and ambitious goals for institutional improvement, innovation, and equitable student outcomes.	The institution has established goals for institutional improvement, innovation, and equitable student outcomes.	The institution has established meaningful and ambitious goals for institutional improvement, innovation, and equitable student outcomes.	The institution has established meaningful and ambitious goals for institutional improvement, innovation, and equitable student outcomes. The institution is utilizing and sharing data to make improvements toward the achievement of its goals and outcomes.	The institution has established meaningful and ambitious goals for institutional improvement, innovation, and equitable student outcomes. The institution has achieved those goals and outcomes and utilizes its data to look forward and build on its success.
STANDARD	Initial	Emerging	Developed	Highly Developed

STANDARD	Initial	Emerging	Developed	Highly Developed
<p>1.3. The institution holds itself accountable for achieving its mission and goals and regularly reviews relevant, meaningfully disaggregated data to evaluate its progress and inform plans for continued improvement and innovation.</p>	<p>Planning and evaluation are evident in some areas of institution's programs and services. The institution reviews some disaggregated data and evidence to support program and institution-wide planning efforts.</p>	<p>The institution has clearly defined planning processes that align with mission fulfillment objectives and outcomes, including student learning and achievement outcomes.</p> <p>There is an emerging understanding of the alignment of unit level, cross-functional, and institutional plans.</p>	<p>Integrated planning processes are clearly defined and systematic. Alignment of unit level, cross-functional, and institutional plans is well understood.</p> <p>There is evidence that the institution assesses its progress toward achieving mission fulfillment indicators (including student outcomes) over time.</p>	<p>Ongoing, systematic, evidence-based evaluation and planning are used to inform and refine systems, practices, strategies, and assign resources.</p> <p>There is consistent and continuous commitment to improving student learning and achievement, and educational effectiveness is a demonstrable priority in all planning structures and processes.</p> <p>There is sufficient evidence that the institution has improved student outcomes as a result of ongoing and systematic planning and evaluation processes.</p>
STANDARD	Initial	Emerging	Developed	Highly Developed

STANDARD	Initial	Emerging	Developed	Highly Developed
1.4. The institution's mission directs resource allocation, innovation, and continuous quality improvement through ongoing systematic planning and evaluation of programs and services.	The institution's mission informs resource allocation, but there is minimal evidence of the involvement of stakeholders through defined planning and evaluation processes.	<p>The institution's mission directs resource allocation, innovation, and continuous quality improvement through ongoing systematic planning and evaluation of programs and services.</p> <p>Planning processes reflect the participation of relevant stakeholders. There is some evidence that formal planning processes are aligned with mission fulfillment and strategic priorities. Planning informs resource prioritization and allocation.</p>	<p>The institution's mission directs resource allocation, innovation, and continuous quality improvement through ongoing systematic planning and evaluation of programs and services.</p> <p>Planning processes reflect the participation of all appropriate stakeholders. There is evidence that formal planning processes are aligned with mission fulfillment and strategic priorities. Planning guides resource prioritization and allocation.</p>	<p>The institution fulfills its mission through the ongoing processes that direct resource allocation, innovation, and continuous quality improvement practices. These practices include ongoing systematic planning and evaluation of programs and services using relevant data.</p> <p>Through these processes and the engagement of all key stakeholders, the institution achieves equitable student outcomes.</p>
1.5. The institution regularly communicates progress toward achieving its mission and goals with internal and external stakeholders in order to promote understanding of institutional strengths, priorities, and areas for continued improvement.	The institution engages in some communication regarding progress toward achieving its mission and goals with internal and external stakeholders.	The institution regularly communicates progress toward achieving its mission and goals with internal and external stakeholders. It looks for areas to improve.	The institution regularly communicates progress toward achieving its mission and goals with internal and external stakeholders in order to promote understanding of institutional strengths, priorities, and areas for continued improvement.	The institution achieves its mission and goals, and regularly communicates that achievement with internal and external stakeholders to continually seek opportunities for improvement.
STANDARD	Initial	Emerging	Developed	Highly Developed

STANDARD	Initial	Emerging	Developed	Highly Developed
2.1. Academic programs at all locations and in all modes of delivery are offered in fields of study consistent with the institution's mission and reflect appropriate breadth, depth, and expected learning outcomes.	The institution has established processes for regular review of its programs and expectations for alignment with recognized fields of study.	The institution regularly reviews and updates some programs for alignment with recognized fields of study.	The institution reviews and updates all programs systematically. The review process includes clear alignment with recognized fields of study.	All program content is systematically reviewed for relevance and applicability in alignment with currently recognized fields of study.
2.2. The institution, relying on faculty and other appropriate stakeholders, designs and delivers academic programs that reflect relevant discipline and industry standards and support equitable attainment of learning outcomes and achievement of educational goals.	<p>Course sequencing is based on traditional course numbering and does not always reflect intentional program design. There is evidence of conversations about appropriate skill levels within disciplines or among faculty teaching the same course.</p> <p>Assessment of learning is done at the course level with little or no interaction across departments to discuss learning overall.</p>	<p>Regular processes exist for ensuring comparability in assessment standards appropriate to course level and sequencing; conversations about appropriate levels of rigor in student learning outcomes occur in some programs.</p> <p>Academic departments and programs assess student learning within the courses and sequences of courses under their purview. Some cross-disciplinary discussion of student learning occurs, particularly when courses are prerequisites or program requirements.</p>	<p>Definitions of rigor exist and are used to determine appropriate levels of learning for courses, sequences of courses, and program requirements; rigor builds across an academic program.</p> <p>The institution monitors assessment plans and reports and documents the use of assessment results to improve learning outcomes across academic departments; common assessment elements such as rubrics exist.</p>	<p>Intentionally crafted and sequenced learning activities supported by research provide students the opportunities to create and demonstrate their understanding; students articulate rigor in terms of learning.</p> <p>The institution has a well-defined system for evaluating the effectiveness of its learning assessment plans, including training, timelines for review, scoring rubrics, and accountability measures across academic departments.</p>
STANDARD	Initial	Emerging	Developed	Highly Developed

STANDARD	Initial	Emerging	Developed	Highly Developed
2.3. All degree programs include a general education framework to ensure the development of broad knowledge, skills, and competencies related to communication, quantitative reasoning, critical thinking, information literacy, civic responsibility, and the ability to engage with diverse perspectives.	The institution has not yet developed a general education framework inclusive of broad knowledge, skills, and competencies related to communication, quantitative reasoning, critical thinking, information literacy, civic responsibility, and the ability to engage with diverse perspectives.	The institution has developed a general education framework that is not yet inclusive of broad knowledge, skills, and competencies related to communication, quantitative reasoning, critical thinking, information literacy, civic responsibility, and the ability to engage with diverse perspectives.	The institution has developed a general education framework that is inclusive of broad knowledge, skills, and competencies related to communication, quantitative reasoning, critical thinking, information literacy, civic responsibility, and the ability to engage with diverse perspectives - but the institution has not yet used assessment data to guide improvements and refinements of curriculum.	The institution has developed a general education framework that is inclusive of broad knowledge, skills, and competencies related to communication, quantitative reasoning, critical thinking, information literacy, civic responsibility, and the ability to engage with diverse perspectives. The institution has used disaggregated assessment data to guide improvements and refinements of curriculum to promote equitable attainment of learning and student success.
STANDARD	Initial	Emerging	Developed	Highly Developed

STANDARD	Initial	Emerging	Developed	Highly Developed
2.4. The institution communicates clear, accurate, and accessible information regarding programs, services, and resources that foster success in students' unique educational journeys.	<p>General admission requirements are available through centralized functions at the institution; confusion may exist about admission elements for programs, divisions, etc.</p>	<p>Admission requirements are available via multiple methods: website, catalog, program websites, brochures, etc. Program admission requirements are available through program websites or other means.</p>	<p>Admission requirements across the various elements of the institution are mapped such that the public can identify requirements for the institution and the various programs or divisions; checklists and timelines are available to assist with understanding processes.</p>	<p>Admission requirements are developed for readability and accessibility such that they are easily understood by the public; means of tracking applications and progress towards admission are readily accessible to applicants.</p>
	<p>All courses have learning outcomes; learning outcomes may be included in course materials, such as syllabi or outlines.</p> <p>General graduation requirements are available through centralized functions at the institution; confusion may exist about graduation requirements for programs, certificates, etc.</p>	<p>Learning outcomes are identified for courses, programs, and services. They are made available to students and users of services.</p> <p>Graduation requirements are identified for all programs and are compatible with general graduation requirements for the institution; graduation requirements are shared with students in programs and available via the institution's catalog.</p>	<p>Learning outcomes are available to students and the public via multiple methods: catalog, course outlines/ syllabi program websites, brochures, etc.</p> <p>Graduation requirements are clearly spelled out to students in programs via planning guides or other documents and progress towards graduation is available to students via degree audits or other means; the public can access graduation requirements via websites, the catalog, or other public means.</p>	<p>Learning outcomes are publicly available in language commonly understood at the entry level for the program/degree.</p> <p>Students are regularly apprised of their progress towards meeting graduation requirements; there are means of identifying the impacts of changing majors or programs on graduation requirements; graduation requirements are systematically monitored and updated.</p>
STANDARD	Initial	Emerging	Developed	Highly Developed

STANDARD	Initial	Emerging	Developed	Highly Developed
2.5. The institution holds itself accountable for students' success by scheduling courses in a manner that ensures degree and certificate programs can be completed in the expected period of time.	The institution schedules classes in an inclusive process but has not yet used disaggregated student achievement data to optimize scheduling to promote the successful completion of certificates and degrees.	The institution schedules classes in an inclusive process and utilizes student achievement data to optimize scheduling to promote the successful completion of certificates and degrees.	The institution schedules classes in an inclusive process and utilizes disaggregated student achievement data to optimize scheduling to promote the successful completion of certificates and degrees.	The institution schedules classes in an inclusive process, bringing together critical stakeholders to utilize disaggregated student achievement data to optimize scheduling to achieve the equitable successful completion of certificates and degrees.
2.6. The institution uses delivery modes and teaching methodologies that meet student and curricular needs and promote equitable student learning and achievement.	The institution uses delivery modes and teaching methodologies that meet student and curricular needs.	The institution uses delivery modes and teaching methodologies that meet student and curricular needs and promote equitable student learning and achievement.	The institution uses innovative delivery modes and teaching methodologies that meet student and curricular needs and promote equitable student learning and achievement.	The institution uses innovative delivery modes and teaching methodologies that achieve equitable student learning and achievement.
2.7. The institution designs and delivers equitable and effective services and programs that support students in their unique educational journeys, address academic and non-academic needs, and maximize their potential for success. Such services include library and learning resources, academic counseling and support, and other services the institution identifies as appropriate for its mission and student needs.	Learning support services such as tutoring or access to computer labs are available when arranged by the program, division, or other unit; limited services are available.	Learning support services such as tutoring and access to computer labs are available to students; these services are generically planned and generally accessed based on student-initiated contact; students are informed about support services at orientations.	Learning support practices exist for the campus overall and for specific groups to support academic learning outcomes; students are referred to services by faculty and advisors.	Learning support practices are available both program-specific and institution-wide; learning outcomes are identified for learning support programs; students are regularly informed about services, referred by faculty and advisors.
STANDARD	Initial	Emerging	Developed	Highly Developed

STANDARD	Initial	Emerging	Developed	Highly Developed
2.8. The institution fosters a sense of belonging and community with its students by providing multiple opportunities for engagement with the institution, programs, and peers. Such opportunities reflect the varied needs of the student population and effectively support students' unique educational journeys.	The institution engages in reflection on programs and services that support each student's unique educational journey.	The institution engages in reflection and seeks student input on programs and services that support each student's unique educational journey	The institution engages in regular and ongoing reflection and seeks regular and ongoing student input on programs and services that support each student's unique educational journey	The institution utilizes qualitative and quantitative data to understand the needs of all of its students, engages with students in the development and assessment of support services and programs, and engages in a formal and continuous process of institutional self-reflection on how the institution can continue to evolve to serve and engage students.
2.9. The institution conducts systematic review and assessment to ensure the quality of its academic, learning support, and student services programs and implement improvements and innovations in support of equitable student achievement.	The institution reviews its assessment results to ensure the quality of its academic, learning support, and student services programs.	The institution conducts systematic review and assessment to ensure the quality of its academic, learning support, and student services programs and implement improvements.	The institution conducts systematic review and assessment to ensure the quality of its academic, learning support, and student services programs and implement improvements and innovations in support of equitable student achievement.	Through the use of systematic review and assessment, the institution achieves high-quality academic, learning support, and student services programs and creates innovations that lead to equitable student achievement.
STANDARD	Initial	Emerging	Developed	Highly Developed

STANDARD	Initial	Emerging	Developed	Highly Developed
3.1. The institution employs qualified faculty, staff, administrators, and other personnel to support and sustain educational services and improve student success. The institution maintains appropriate policies and regularly assesses its employment practices to promote and improve equity, diversity, and mission fulfillment.	The institution believes it has sufficient faculty, staff, and administrators to support operations and provide educational services to students.	Through ongoing analysis and benchmarking, the institution demonstrates it employs qualified faculty, staff, administrators, and other personnel to support and sustain educational services that promote student success.	Through ongoing analysis and benchmarking, the institution employs qualified faculty, staff, administrators, and other personnel to support and sustain educational services and improve student success. The institution maintains appropriate policies and regularly assesses its employment practices to promote and improve equity, diversity, and equitable student outcomes.	Through its ongoing analysis and benchmarking, the institution's hiring of faculty, staff, and administrators (and the ongoing development and deployment of policies) leads to improvements in institutional mission fulfillment and equitable student outcomes.
3.2. The institution supports its employees with professional learning opportunities aligned with the mission and institutional goals. These opportunities are regularly evaluated for overall effectiveness in promoting equitable student success and in meeting institutional and employee needs.	The institution provides its faculty, staff, and administrators with professional learning opportunities.	The institution develops and deploys a system of professional learning and development to its faculty, staff, and administrators aligned with the institution's mission and strategic plan.	The institution develops, deploys, assesses, and continually improves a system of professional learning and development to its faculty, staff, and administrators aligned with the institution's mission and strategic plan. The system is evaluated for effectiveness in promoting equitable student outcomes and meeting institutional and employment needs.	The institution develops, deploys, assesses, and continually improves a system of professional learning and development to its faculty, staff, and administrators aligned with the institution's mission and strategic plan, and that leads to institutional mission fulfillment and equitable student outcomes. The system is evaluated for effectiveness and achieves equitable student outcomes and institutional and employment needs.
STANDARD	Initial	Emerging	Developed	Highly Developed

STANDARD	Initial	Emerging	Developed	Highly Developed
3.3. The institution evaluates its employees regularly, using clear criteria that align with professional responsibilities and reflect the institution's mission and goals.	The institution has a regular cycle for evaluating its employees.	The institution has a regular cycle for evaluating its employees aligned with their professional responsibilities and the institution's mission and goals.	The institution has adopted a regular cycle for evaluating its employees aligned with their professional responsibilities and the institution's mission and goals, and has utilized results from this process to evolve its hiring, retention, and employment practices.	The institution has adopted a regular cycle for evaluating its employees aligned with their professional responsibilities and the institution's mission and goals, and has utilized results from this process to evolve its hiring, retention, and employment practices with the outcome of increased employee retention and satisfaction and the achievement of the institution's mission and goals.
3.4. The institution develops, maintains, and enhances its educational services and operational functions through the effective use of fiscal resources. Financial resources support and sustain the mission and promote equitable achievement of student success.	The institution develops and maintains its educational services and operational functions through the effective use of fiscal resources. Financial resources support and sustain the mission.	The institution develops, maintains, and enhances its educational services and operational functions through the effective use of fiscal resources. Financial resources support and sustain the mission and promote equitable achievement of student success.	The institution develops, maintains, and enhances its educational services and operational functions through the effective use of fiscal resources and regularly evaluates the needs of students as it develops short-term and long-term budgets. Financial resources support and sustain the mission and promote equitable student success.	The institution develops, maintains, and enhances its educational services and operational functions through the effective use of fiscal resources and regularly evaluates the needs of students as it develops short-term and long-term budgets. Financial resources support and achieve the institution's mission and equitable student success.
STANDARD	Initial	Emerging	Developed	Highly Developed

STANDARD	Initial	Emerging	Developed	Highly Developed
3.5. The institution's mission and goals are the foundation for financial planning. Financial information is disseminated to support effective planning and decision-making and provide opportunities for stakeholders to participate in the development of plans and budgets.	The institution utilizes an established set of policies and/or procedures to create and share annual budgets.	The institution's budget planning and ongoing financial disclosures are part of an established, transparent, and inclusive process.	The institution's budget planning and ongoing financial disclosures are part of an established, transparent, and inclusive process that is aligned with the institution's mission and places student success at the forefront of decision making.	The institution's budget planning and ongoing financial disclosures are part of an established, transparent, and inclusive process that is aligned with the institution's mission and places equitable student success at the forefront of decision making.
3.6. The institution ensures the integrity and responsible use of its financial resources and regularly evaluates its fiscal outcomes and financial management practices to promote institutional mission fulfillment.	The institution conducts annual external audits and discloses the results of audits and operational finances with stakeholders.	The institution conducts annual external audits and transparently discloses the results of audits and operational finances with stakeholders. The audits demonstrate ongoing financial stability and are free of material risks or concerns.	The institution conducts annual external audits, transparently discloses the results of audits and operational finances with stakeholders, and uses the information from these processes to continually refine processes and the allocation of resources to support the fulfillment of the institution's mission. The audits demonstrate ongoing financial stability and are free of material risks or concerns.	The institution has an established system to conduct annual external audits, transparently discloses the results of audits and operational finances with stakeholders, and uses the information from these processes to continually refine processes and the allocation of resources to support the fulfillment of the institution's mission and equitable student outcomes. The audits demonstrate ongoing financial stability and are free of material risks or concerns, and stakeholders support resource allocation processes that place equitable student success at the center of the processes.
STANDARD	Initial	Emerging	Developed	Highly Developed

STANDARD	Initial	Emerging	Developed	Highly Developed
3.7. The institution ensures financial solvency. When making short-range financial plans, the institution considers its long-range financial priorities and future obligations to ensure sustained fiscal stability.	The institution possesses short-term and long-term resources sufficient to achieve its short-term strategic goals.	The institution possesses short-term and long-term resources sufficient to achieve its short-term and long-term strategic goals.	The institution possesses short-term and long-term resources sufficient to achieve its short-term and long-term strategic goals, and utilizes planning and resource allocation processes to maintain the resources necessary for student success and mission fulfillment.	The institution possesses more than sufficient short-term and long-term resources to achieve its short-term and long-term strategic goals, and utilizes planning and resource allocation processes to exceed the resources necessary for equitable student success and mission fulfillment.
3.8. The institution constructs and maintains physical resources to support and sustain educational services and operational functions. The institution ensures safe and effective physical resources at all locations where it offers instruction, student services, and/or learning supports.	The institution possesses appropriate physical resources to provide safe and effective educational and operational services wherever instruction or support services are offered.	The institution possesses safe and effective physical resources that demonstrate the ability to achieve the institution's educational and operational outcomes wherever instruction or support services are offered.	The institution possesses safe and effective physical resources that demonstrate the ability to achieve the institution's educational and operational outcomes wherever instruction or support services are offered. The physical resources are regularly evaluated, and planning and resource allocation are aligned with the institution's short-term and long-term goals and mission.	The institution possesses safe and effective physical resources that achieve the institution's educational and operational goals wherever instruction or support services are offered. The physical resources are exemplary and are regularly evaluated. Planning and resource allocation are aligned with the institution's short-term and long-term goals and mission.
STANDARD	Initial	Emerging	Developed	Highly Developed

STANDARD	Initial	Emerging	Developed	Highly Developed
3.9. The institution implements, enhances, and secures its technology resources to support and sustain educational services and operational functions. The institution clearly communicates requirements for the safe and appropriate use of technology to students and employees and employs effective protocols for network and data security.	The institution implements and secures its technology resources to support and sustain educational services and operational functions. The institution clearly communicates requirements for the safe and appropriate use of technology to students and employees and employs effective protocols for network and data security.	The institution implements, regularly assesses, enhances, and secures its technology resources to support and sustain educational services and operational functions. The institution clearly communicates requirements for the safe and appropriate use of technology to students and employees and employs effective protocols for network and data security.	The institution implements, regularly assesses, enhances, and secures its technology resources in a way that promotes student success and supports educational services and operational functions. The institution clearly communicates requirements for the safe and appropriate use of technology to students and employees and employs effective protocols for network and data security.	The institution implements, regularly assesses, enhances, and secures its technology resources in a way that promotes equitable student success and supports educational services and operational functions. The institution clearly communicates requirements for the safe and appropriate use of technology to students and employees and employs effective protocols for network and data security.
3.10. The institution has appropriate strategies for risk management and has policies and procedures in place to implement contingency plans in the event of financial, environmental, or technological emergencies and other unforeseen circumstances.	The institution has strategies for risk management and policies and procedures in place to implement contingency plans in the event of financial, environmental, or technological emergencies and other unforeseen circumstances.	The institution has appropriate strategies for risk management and policies and procedures in place to implement contingency plans in the event of financial, environmental, or technological emergencies and other unforeseen circumstances. The institution regularly evaluates these practices and shares the results with stakeholders.	The institution has appropriate strategies for risk management and policies and procedures in place to implement contingency plans in the event of financial, environmental, or technological emergencies and other unforeseen circumstances. The institution regularly evaluates these practices, utilizes these evaluations in ongoing budgeting, and shares the results with stakeholders.	The institution has appropriate strategies for risk management and policies and procedures in place to implement contingency plans in the event of financial, environmental, or technological emergencies and other unforeseen circumstances. The institution regularly evaluates these practices, utilizes these evaluations in ongoing budgeting, engages with stakeholders and students in the process, and shares the results with stakeholders.
STANDARD	Initial	Emerging	Developed	Highly Developed

STANDARD	Initial	Emerging	Developed	Highly Developed
4.1. The institution upholds an explicit commitment to principles of academic freedom, academic integrity, and freedom of inquiry.	The institution upholds a commitment to principles of academic freedom, academic integrity, and freedom of inquiry.	The institution upholds an explicit commitment to principles of academic freedom, academic integrity, and freedom of inquiry.	The institution upholds an explicit commitment to principles of academic freedom, academic integrity, and freedom of inquiry and actively demonstrates them in the fulfillment of its mission.	The institution upholds and demonstrates an explicit commitment to principles of academic freedom, academic integrity, and freedom of inquiry that leads to a culture of inquiry, mission fulfillment, and equitable student success.
4.2. Roles, responsibilities, and authority for decision-making are clearly defined and communicated throughout the institution. The institution's structure for decision-making provides opportunities for stakeholder participation and ensures the inclusion of relevant perspectives.	Roles, responsibilities, and authority for decision-making are clearly defined. The institution's structure for decision-making provides limited opportunities for stakeholder participation.	Roles, responsibilities, and authority for decision-making are clearly defined and communicated. The institution's structure for decision-making provides opportunities for stakeholder participation.	Roles, responsibilities, and authority for decision-making are clearly defined and communicated throughout the institution. The institution's structure for decision-making provides opportunities for stakeholder participation and ensures the inclusion of relevant perspectives.	Roles, responsibilities, and authority for decision-making are clearly defined and communicated throughout the institution. The institution's structure for decision-making provides significant opportunities for stakeholder participation and the inclusion of relevant perspectives leading to transparent, effective decision-making that foster mission fulfillment and equitable student success.
STANDARD	Initial	Emerging	Developed	Highly Developed

STANDARD	Initial	Emerging	Developed	Highly Developed
4.3. The institution's decision-making structures are used consistently and effectively. Institutional decision-making practices support a climate of collaboration and innovation that advances the mission and prioritizes equitable student outcomes.	The institution possesses decision-making structures that support a climate of collaboration.	The institution's decision-making structures are used consistently and effectively. Institutional decision-making practices support a climate of collaboration.	The institution's decision-making structures are used consistently and effectively. Institutional decision-making practices support a climate of collaboration and innovation that advances the mission and prioritizes equitable student outcomes.	The institution's decision-making structures are used consistently and effectively. Institutional decision-making practices support a climate of collaboration and innovation that achieves the institution's mission and equitable student outcomes.
4.4. Acting through policy, the governing board takes responsibility for the overall quality and stability of the institution, and regularly monitors progress towards its goals and fiscal health.	The governing board takes responsibility for the overall quality and stability of the institution.	Acting through policy, the governing board takes responsibility for the overall quality and stability of the institution, and regularly monitors progress towards its goals and fiscal health.	Acting through policy, the governing board takes responsibility for the overall quality and stability of the institution, and uses the results from regular monitoring of progress towards its goals and fiscal health to make modifications to planning, budgeting, and strategy.	Acting through policy, the governing board takes responsibility for the overall quality and stability of the institution, and uses the results from regular monitoring of its goals and fiscal health to achieve mission fulfillment and equitable student success.
4.5. The governing board selects and evaluates the institution's chief executive officer (CEO). The governing board gives the CEO full authority to implement board policies and ensure effective operations and fulfillment of the institutional mission.	The board selects the institution's chief executive officer (CEO) and delegates authority to the CEO to implement board policies and operate the institution.	The board selects the institution's chief executive officer (CEO) and delegates authority to the CEO to implement board policies and operate the institution. The board regularly evaluates the institution's CEO and utilizes the results to foster collaboration and institutional mission fulfillment.	The board selects the institution's chief executive officer (CEO) and delegates authority to the CEO to implement board policies and operate the institution. The board regularly evaluates the institution's CEO.	The board selects the institution's chief executive officer (CEO) and delegates authority to the CEO to implement board policies and operate the institution. The board regularly evaluates the institution's CEO and utilizes the results to foster collaboration, equitable student success, and institutional mission fulfillment.
STANDARD	Initial	Emerging	Developed	Highly Developed

STANDARD	Initial	Emerging	Developed	Highly Developed
4.6. The governing board functions effectively as a collective entity to promote the institution's values and mission and fulfill its fiduciary responsibilities. The governing board demonstrates an ability to self-govern in adherence to its bylaws and expectations for best practices in board governance.	The institution's governing board fulfills its fiduciary duties and adheres to established bylaws.	The institution's governing board effectively fulfills its fiduciary duties, adheres to established bylaws, reflects on its performance, and utilizes self-evaluations and community feedback to continually develop.	The institution's governing board effectively fulfills its fiduciary duties, adheres to established bylaws, reflects on its performance, is effective at supporting the institution in fulfilling its mission, and utilizes self-evaluations and community feedback to effectively lead the institution.	The institution's governing board is exemplary in fulfilling its fiduciary duties, participating in the life of the institution, adhering to established bylaws, reflecting on its performance, and supporting the institution in achieving equitable student success and fulfilling its mission. The institution's governing board engages in regular self-reflection and evaluation and models transparency and shared governance for all stakeholders.
STANDARD	Initial	Emerging	Developed	Highly Developed