

STANDARD 2

Achieving Educational Objectives Through Core Functions

- ☐ Teaching and Learning
- ☐ Scholarship and Creative Activity
- ☐ Student Learning and Success

The institution achieves its purposes and attains its educational objectives at the institutional and program level through the core functions of teaching and learning, scholarship and creative activity, and support for student learning and success. The institution demonstrates that these core functions are performed effectively by evaluating valid and reliable evidence of learning and by supporting the success of every student.

Teaching and Learning

Criteria for Review

2.1 The institution's educational programs are appropriate in content, standards of performance, rigor, and nomenclature for the degree level awarded, regardless of mode of delivery. They are staffed by sufficient numbers of faculty qualified for the type and level of curriculum offered.

- ☐ Distance Education Policy
- ☐ Substantive Change Policy; Substantive Change Manual

GUIDELINE: The content, length, and standards of the institution's academic programs conform to recognized disciplinary or professional standards and are subject to peer review.

See also CFR 3.1

2.2 All degrees—undergraduate and graduate—awarded by the institution are clearly defined in terms of entry-level requirements and levels of student achievement necessary for graduation that represent more than simply an accumulation of courses or credits. The institution has both a coherent philosophy, expressive of its mission, which guides the meaning of its degrees and processes that ensure the quality and integrity of its degrees.

- ☐ Credit Hour Policy
- ☐ Joint Degree Policy
- ☐ Credit for Prior Experiential Learning Policy
- ☐ Study Abroad Policy
- ☐ Degree Definitions Policy
- ☐ Transfer Credit Policy
- ☐ Dual Degree Policy

See also CFR 3.1-3.3, 4.3-4.4

2.2a Baccalaureate programs engage students in an integrated course of study of sufficient breadth and depth to prepare them for work, citizenship, and life-long learning. These programs ensure the development of core competencies including, but not limited to, written and oral communication, quantitative reasoning, information literacy, and critical thinking. In addition, baccalaureate programs actively foster creativity, innovation, an appreciation for diversity, ethical and civic responsibility, civic engagement, and the ability to work with others. Baccalaureate programs also ensure breadth for all students in cultural and aesthetic, social and political, and scientific and technical knowledge expected of educated persons. Undergraduate degrees include significant in-depth study in a given area of knowledge (typically described in terms of a program or major).

- ☐ Diversity Policy

GUIDELINE: The institution has a program of General Education that is integrated throughout the curriculum, including at the upper division level, together with significant in-depth study in a given area of knowledge (typically described in terms of a program or major).

Teaching and Learning

Criteria for Review

2.2b The institution's graduate programs establish clearly stated objectives differentiated from and more advanced than undergraduate programs in terms of admissions, curricula, standards of performance, and student learning outcomes. Graduate programs foster students' active engagement with the literature of the field and create a culture that promotes the importance of scholarship and/or professional practice. Ordinarily, a baccalaureate degree is required for admission to a graduate program.

GUIDELINE: Institutions offering graduate-level programs employ, at least, one full-time faculty member for each graduate degree program offered and have a preponderance of the faculty holding the relevant terminal degree in the discipline. Institutions demonstrate that there is a sufficient number of faculty members to exert collective responsibility for the development and evaluation of the curricula, academic policies, and teaching and mentoring of students.

See also CFR 3.1-3.3

2.3 The institution's student learning outcomes and standards of performance are clearly stated at the course, program, and, as appropriate, institutional level. These outcomes and standards are reflected in academic programs, policies, and curricula, and are aligned with advisement, library, and information and technology resources, and the wider learning environment.

GUIDELINE: The institution is responsible for ensuring that out-of-class learning experiences, such as clinical work, service learning, and internships which receive credit, are adequately resourced, well developed, and subject to appropriate oversight.

See also CFR 3.5

2.4 The institution's student learning outcomes and standards of performance are developed by faculty and widely shared among faculty, students, staff, and (where appropriate) external stakeholders. The institution's faculty take collective responsibility for establishing appropriate standards of performance and demonstrating through assessment the achievement of these standards.

GUIDELINE: Student learning outcomes are reflected in course syllabi.

See also CFR 4.3, 4.4

2.5 The institution's academic programs actively involve students in learning, take into account students' prior knowledge of the subject matter, challenge students to meet high standards of performance, offer opportunities for them to practice, generalize, and apply what they have learned, and provide them with appropriate and ongoing feedback about their performance and how it can be improved.

See also CFR 4.4

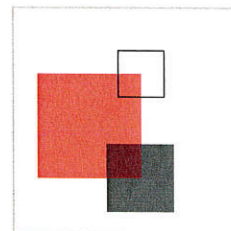
2.6 The institution demonstrates that its graduates consistently achieve its stated learning outcomes and established standards of performance. The institution ensures that its expectations for student learning are embedded in the standards that faculty use to evaluate student work.

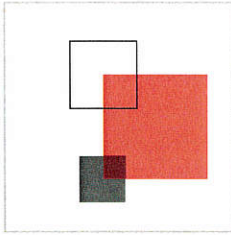
GUIDELINE: The institution has an assessment infrastructure adequate to assess student learning at program and institution levels.

See also CFR 4.3-4.4

2.7 All programs offered by the institution are subject to systematic program review. The program review process includes, but is not limited to, analyses of student achievement of the program's learning outcomes; retention and graduation rates; and, where appropriate, results of licensing examination and placement, and evidence from external constituencies such as employers and professional organizations.

See also CFR 4.1, 4.6





Scholarship and Creative Activity

Criteria for Review

2.8 The institution clearly defines expectations for research, scholarship, and creative activity for its students and all categories of faculty. The institution actively values and promotes scholarship, creative activity, and curricular and instructional innovation, and their dissemination appropriate to the institution's purposes and character.

GUIDELINE: Where appropriate, the institution includes in its policies for faculty promotion and tenure the recognition of scholarship related to teaching, learning, assessment, and co-curricular learning.

See also CFR 3.2

2.9 The institution recognizes and promotes appropriate linkages among scholarship, teaching, assessment, student learning, and service.

See also CFR 3.2

Student Learning and Success

Criteria for Review

2.10 The institution demonstrates that students make timely progress toward the completion of their degrees and that an acceptable proportion of students complete their degrees in a timely fashion, given the institution's mission, the nature of the students it serves, and the kinds of programs it offers. The institution collects and analyzes student data, disaggregated by appropriate demographic categories and areas of study. It tracks achievement, satisfaction, and the extent to which the campus climate supports student success. The institution regularly identifies the characteristics of its students; assesses their preparation, needs, and experiences; and uses these data to improve student achievement.

GUIDELINE: The institution disaggregates data according to racial, ethnic, gender, age, economic status, disability, and other categories, as appropriate. The institution benchmarks its retention and graduation rates against its own aspirations as well as the rates of peer institutions.

See also CFR 4.1-4.5

2.11 Consistent with its purposes, the institution offers co-curricular programs that are aligned with its academic goals, integrated with academic programs, and designed to support all students' personal and professional development. The institution assesses the effectiveness of its co-curricular programs and uses the results for improvement.

See also CFR 4.3-4.5

2.12 The institution ensures that all students understand the requirements of their academic programs and receive timely, useful, and complete information and advising about relevant academic requirements.

□ Institutional Disclosure of Information for Students Policy

GUIDELINE: Recruiting materials and advertising truthfully portray the institution. Students have ready access to accurate, current, and complete information about admissions, degree requirements, course offerings, and educational costs.

See also CFR 1.6

Student Learning and Success

Criteria for Review

2.13 The institution provides academic and other student support services such as tutoring, services for students with disabilities, financial aid counseling, career counseling and placement, residential life, athletics, and other services and programs as appropriate, which meet the needs of the specific types of students that the institution serves and the programs it offers.

☐ Collegiate Athletics Policy

☐ International Students Policy

See also CFR 3.1

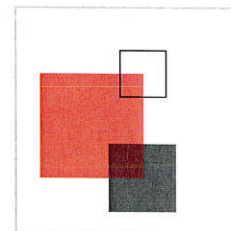
2.14 Institutions that serve transfer students provide clear, accurate, and timely information, ensure equitable treatment under academic policies, provide such students access to student services, and ensure that they are not unduly disadvantaged by the transfer process.

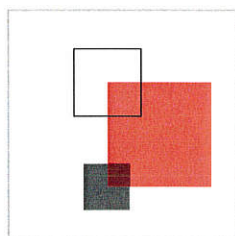
☐ Transfer Credit Policy

☐ Prior Experiential Learning Policy

GUIDELINES: Formal policies or articulation agreements are developed with feeder institutions that minimize the loss of credits through transfer credits.

See also CFR 1.6





STANDARD 3

Developing and Applying Resources and Organizational Structures to Ensure Quality and Sustainability

- ☐ Faculty and Staff
- ☐ Fiscal, Physical, and Information Resources
- ☐ Organizational Structures and Decision-Making Processes

The institution sustains its operations and supports the achievement of its educational objectives through investments in human, physical, fiscal, technological, and information resources and through an appropriate and effective set of organizational and decision-making structures. These key resources and organizational structures promote the achievement of institutional purposes and educational objectives and create a high-quality environment for learning.

Faculty and Staff

Criteria for Review

3.1 The institution employs faculty and staff with substantial and continuing commitment to the institution. The faculty and staff are sufficient in number, professional qualification, and diversity and to achieve the institution's educational objectives, establish and oversee academic policies, and ensure the integrity and continuity of its academic and co-curricular programs wherever and however delivered.

☐ Collective Bargaining Policy

☐ Diversity Policy

GUIDELINES: The institution has a faculty staffing plan that ensures that all faculty roles and responsibilities are fulfilled and includes a sufficient number of full-time faculty members with appropriate backgrounds by discipline and degree level.

See also CFR 2.1, 2.2b

3.2 Faculty and staff recruitment, hiring, orientation, workload, incentives, and evaluation practices are aligned with institutional purposes and educational objectives. Evaluation is consistent with best practices in performance appraisal, including multisource feedback and appropriate peer review. Faculty evaluation processes are systematic and are used to improve teaching and learning.

See also CFR 1.7, 4.3-4.4

3.3 The institution maintains appropriate and sufficiently supported faculty and staff development activities designed to improve teaching, learning, and assessment of learning outcomes.

GUIDELINES: The institution engages full-time, non-tenure-track, adjunct, and part-time faculty members in such processes as assessment, program review, and faculty development.

See also CFR 2.1, 2.2b, 4.4

Fiscal, Physical, and Information Resources

Criteria for Review

3.4 The institution is financially stable and has unqualified independent financial audits and resources sufficient to ensure long-term viability. Resource planning and development include realistic budgeting, enrollment management, and diversification of revenue sources. Resource planning is integrated with all other institutional planning. Resources are aligned with educational purposes and objectives.

GUIDELINES: The institution has functioned without an operational deficit for at least three years. If the institution has an accumulated deficit, it should provide a detailed explanation and a realistic plan for eliminating it.

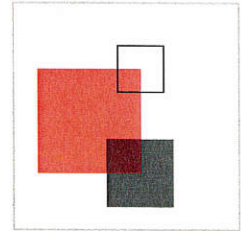
See also CFR 1.1, 1.2, 2.10, 4.6, 4.7

3.5 The institution provides access to information and technology resources sufficient in scope, quality, currency, and kind at physical sites and online, as appropriate, to support its academic offerings and the research and scholarship of its faculty, staff, and students. These information resources, services, and facilities are consistent with the institution's educational objectives and are aligned with student learning outcomes.

☐ Distance Education Policy

GUIDELINE: The institution provides training and support for faculty members who use technology in instruction. Institutions offering graduate programs have sufficient fiscal, physical, information, and technology resources and structures to sustain these programs and to create and maintain a graduate-level academic culture.

See also CFR 1.2, 2.1, 2.2



Organizational Structures and Decision-Making Processes

Criteria for Review

3.6 The institution's leadership, at all levels, is characterized by integrity, high performance, appropriate responsibility, and accountability.

3.7 The institution's organizational structures and decision-making processes are clear and consistent with its purposes, support effective decision making, and place priority on sustaining institutional capacity and educational effectiveness.

GUIDELINE: The institution establishes clear roles, responsibilities, and lines of authority.

3.8 The institution has a full-time chief executive officer and a chief financial officer whose primary or full-time responsibilities are to the institution. In addition, the institution has a sufficient number of other qualified administrators to provide effective educational leadership and management.

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

☐ Independent Governing Board Policy

☐ Related Entities Policy

☐ Institutions within a System Policy

GUIDELINE: The governing body comprises members with the diverse qualifications required to govern an institution of higher learning. It regularly engages in Self-review and training to enhance its effectiveness.

See also CFR 1.5-1.7

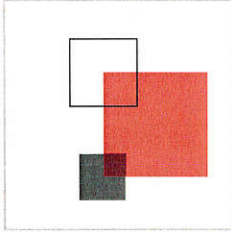
3.10 The institution's faculty exercises effective academic leadership and acts consistently to ensure that both academic quality and the institution's educational purposes and character are sustained.

☐ Collective Bargaining Policy

☐ Diversity Policy

GUIDELINE: The institution clearly defines the governance roles, rights, and responsibilities of all categories of full- and part-time faculty.

See also CFR 2.1, 2.4, 2.5, 4.3, 4.4



STANDARD 4

Creating an Organization Committed to Quality Assurance, Institutional Learning, and Improvement

- Quality Assurance Processes
- Institutional Learning and Improvement

The institution engages in sustained, evidence-based, and participatory self-reflection about how effectively it is accomplishing its purposes and achieving its educational objectives. The institution considers the changing environment of higher education in envisioning its future. These activities inform both institutional planning and systematic evaluations of educational effectiveness. The results of institutional inquiry, research, and data collection are used to establish priorities, to plan, and to improve quality and effectiveness.

Quality Assurance Processes

Criteria for Review

4.1 The institution employs a deliberate set of quality-assurance processes in both academic and non-academic areas, including new curriculum and program approval processes, periodic program review, assessment of student learning, and other forms of ongoing evaluation. These processes include: collecting, analyzing, and interpreting data; tracking learning results over time; using comparative data from external sources; and improving structures, services, processes, curricula, pedagogy, and learning results.

- Distance Education and Technology-Mediated Instruction Policy
- Substantive Change Policy; Substantive Change Manual
- Program Review Resource Guide

See also CFR 2.7, 2.10

4.2 The institution has institutional research capacity consistent with its purposes and characteristics. Data are disseminated internally and externally in a timely manner, and analyzed, interpreted, and incorporated in institutional review, planning, and decision-making. Periodic reviews are conducted to ensure the effectiveness of the institutional research function and the suitability and usefulness of the data generated.

See also CFR 1.2, 2.10

Institutional Learning and Improvement

Criteria for Review

4.3 Leadership at all levels, including faculty, staff, and administration, is committed to improvement based on the results of inquiry, evidence, and evaluation. Assessment of teaching, learning, and the campus environment—in support of academic and co-curricular objectives—is undertaken, used for improvement, and incorporated into institutional planning processes.

GUIDELINE: The institution has clear, well-established policies and practices—for gathering, analyzing, and interpreting information—that create a culture of evidence and improvement.

See also CFR 2.2-2.6

4.4 The institution, with significant faculty involvement, engages in ongoing inquiry into the processes of teaching and learning, and the conditions and practices that ensure that the standards of performance established by the institution are being achieved. The faculty and other educators take responsibility for evaluating the effectiveness of teaching and learning processes and uses the results for improvement of student learning and success. The findings from such inquiries are applied to the design and improvement of curricula, pedagogy, and assessment methodology.

GUIDELINE: Periodic analysis of grades and evaluation procedures are conducted to assess the rigor and effectiveness of grading policies and practices.

See also CFR 2.2-2.6

4.5 Appropriate stakeholders, including alumni, employers, practitioners, students, and others designated by the institution, are regularly involved in the assessment and alignment of educational programs.

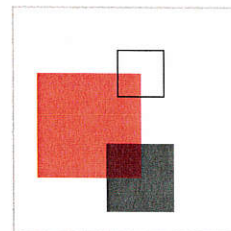
See also CFR 2.6, 2.7

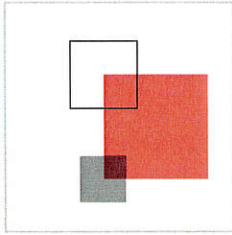
4.6 The institution periodically engages its multiple constituencies, including the governing board, faculty, staff, and others, in institutional reflection and planning processes that are based on the examination of data and evidence. These processes assess the institution's strategic position, articulate priorities, examine the alignment of its purposes, core functions, and resources, and define the future direction of the institution.

See also CFR 1.1, 3.4

4.7 Within the context of its mission and structural and financial realities, the institution considers changes that are currently taking place and are anticipated to take place within the institution and higher education environment as part of its planning, new program development, and resource allocation.

See also CFR 1.1, 2.1, 3.4





PART III: WASC QUALITY ASSURANCE

Multiple Approaches

The Commission has put in place multiple approaches to quality assurance. Standing committees focus on specific aspects of institutional functioning. These committees are staffed by individuals with appropriate expertise and experience. The institutional review process (IRP) for reaffirmation of accreditation, described in detail in the following section of this *Handbook*, is at the heart of WASC's quality-assurance processes. In addition, all WASC-accredited institutions submit detailed annual reports. Under some circumstances, special visits and/or interim reports may also be requested.

Standing Committees

WASC currently has five standing committees:

The Eligibility Review Committee (ERC) conducts reviews of the applications received from institutions seeking WASC accreditation to determine whether an institution has the potential to meet the Standards and other requirements.

The Financial Review Committee (FRC) conducts reviews of financial data to evaluate the financial viability of institutions and identifies institutions that may require follow-up action or monitoring.

The Interim Report Committee (IRC) reviews interim reports and supporting documents, following up on recommendations that have been made in a Commission action letter or previous Interim Report.

The Retention and Graduation Committee (RGC) reviews institutions' reports on retention and graduation rates and time to degree at both the undergraduate and graduate levels, if neces-

sary making suggestions for improvement and follow-up steps, including areas to be addressed in an institution's next comprehensive review.

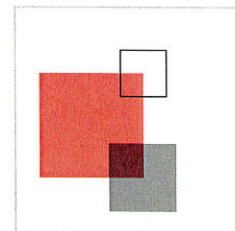
The Substantive Change Committee (SCC) reviews proposals for changes that may significantly affect an institution's quality, objectives, scope, or control. Federal regulations and Commission policies require prior approval of institutional substantive changes in degree programs, methods of delivery, and organizational changes.

The committees are comprised of representatives of institutions in the region who are appointed by the President and/or executive staff of WASC. For reaccreditation, all committees play a role, but the Financial Review and Retention and Graduation Committees are of particular importance. Their reports become a key part of the accreditation history that institutions are asked to review during the self-study and discuss in their institutional report.

WASC Educational Programming

WASC offers educational programming including the annual Academic Resource Conference (ARC) to assist institutions in developing expertise in areas relevant to the Standards. Educational programming is entirely optional and offers a useful and supportive way to build human capital and maintain the momentum for institutional effectiveness. Information on educational programming may be found at www.wascsenior.org/seminars.

The Institutional Review Process



This section is designed to assist institutions as they address WASC's 2013 Standards of Accreditation for reaffirmation of accreditation. It provides a description of the steps involved in an institution's reaccreditation process, the components that need to be included in the institutional report, interactions with the evaluation team, and other details.

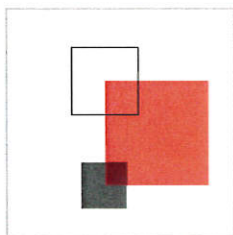
The institutional review process (IRP) described below applies to institutions that are seeking reaffirmation of accreditation. Other models apply for institutions seeking eligibility, candidacy, or initial accreditation, and for international institutions. At the Commission's discretion, institutions may be directed to follow a process that differs from the one described in the pages that follow, and those institutions will be guided by other documents describing those reviews.

All institutions need to demonstrate that they are in substantial compliance with the 2013 Standards of Accreditation and with those federal regulations that the Commission is required to oversee the implementation of. Within this con-

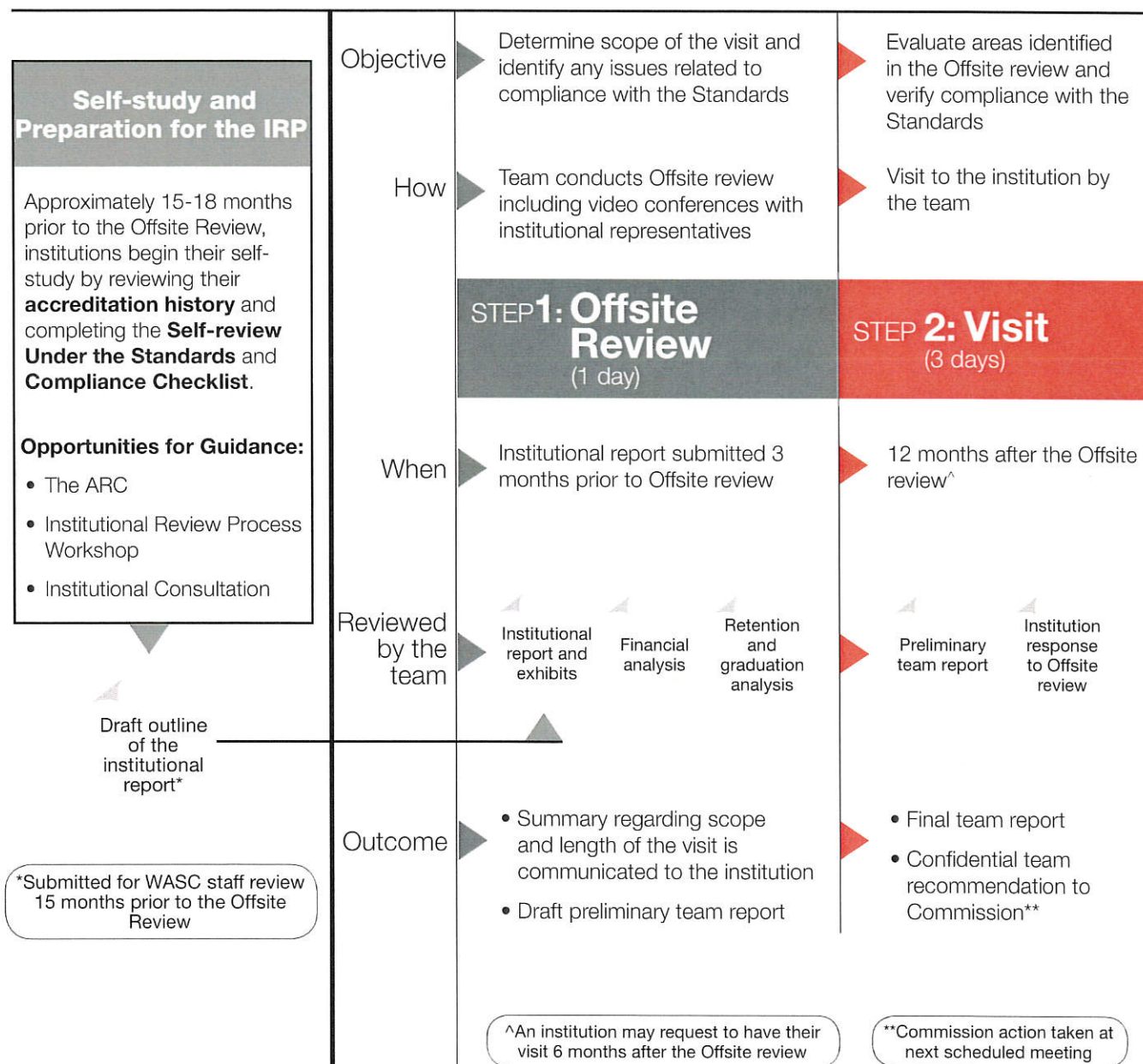
text, the goal of the process is the improvement of student learning, student success, and institutional effectiveness.

Institutions can typically expect to spend two to three years pursuing reaffirmation of WASC accreditation. Briefly stated, the IRP involves an analysis of the institution's financial status by the Financial Review Committee; an analysis of its retention and graduation rates by the Retention and Graduation Committee; an Offsite review by the evaluation team; and a visit to the institution by the same evaluation team. These steps are followed by a Commission decision on an institution's reaccreditation. A description of these steps in roughly chronological order follows.

Student success includes not only strong retention and degree completion rates, but also high-quality learning. It means that students are prepared for success in their personal, civic, and professional lives, and that they embody the values and behaviors that make their institution distinctive.



Overview of the Institutional Review Process



Self-Study and Preparation for the Institutional Review Process

Opportunities for Guidance: WASC is committed to supporting institutions as they prepare for the institutional review process. Approximately 15-18 months prior to the Offsite review, institutions should begin to organize a draft outline of their Institutional Reports. There will be multiple opportunities for institutions to receive information and guidance in order to prepare for the Offsite review and Visit.

□ **The ARC:** Every year, WASC sponsors the Academic Resource Conference, which includes workshops and panels on the revised process that institutions will find helpful.

□ **Institutional Review Process Workshop:** Consistent with reaccreditation schedules, this workshop will provide orientation to the process, help develop a supportive cohort of institutions, and offer preliminary consultations with the staff liaison.

□ **Institutional consultations:** Institutions may arrange on-campus consultations, at their cost, with their WASC staff liaison. Objectives for this consultation include a review of the institution's responses to previous Commission recommendations and identification of the goals for the self-study, including strengths and areas of challenge. Together, the team and staff liaison will clarify subsequent steps and strategies for the review. These may include, for example, how the institution will organize for the review, how various constituencies will be involved, and what resources will be required.

The Self-Study: The self-study is the institution's process of gathering data and reflecting on its current functioning and effectiveness under the Standards. At the beginning of the IRP, the self-study provides the necessary preparation for later steps, but self-study continues throughout the two to three years of review for reaffirmation. A candid self-study, with broad engagement of the institutional community, provides the foundation for a high quality institutional report.

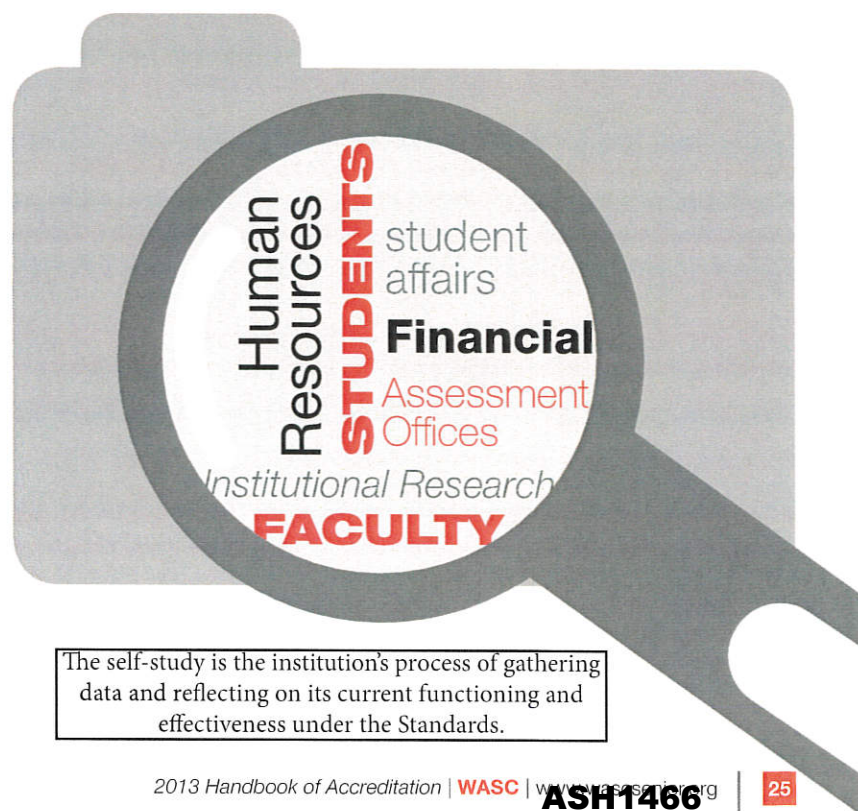
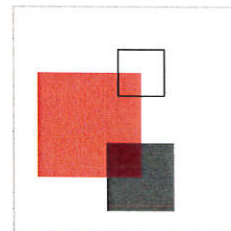
In preparation for the self-study, institutions are expected to review their accreditation history. This includes the most recent team report and all Commission action letters received since the last reaccreditation; documents submitted to WASC since the last review for reaffirmation of accreditation; and WASC responses where applicable (e.g., recommendations related to substantive changes or an interim report).

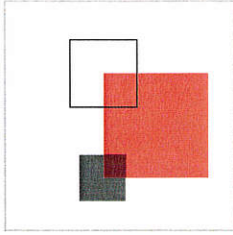
Early in the self-study, the institution undertakes the Self-review under the Standards and completes the Compliance Checklist. The Self-review

under the Standards worksheet offers a guide to the four Standards of Accreditation, the Criteria for Review under each Standard, and Guidelines. The questions it poses are designed to prompt conversation on institutional capacity and infrastructure, strengths, weaknesses, priorities, and plans for ensuring compliance with the Standards and institutional improvement.

The Compliance Checklist asks the institution to inventory its policies, procedures, systems, and documents. The Compliance Checklist can help an institution identify those policies or processes that may need updating or replacement. When carrying out the Self-review under the Standards and completing the Compliance Checklist, institutions need to include all degree levels, instructional modalities (e.g., online, hybrid), and locations.

Both the completed Self-review under the Standards worksheet and Compliance Checklist, with links to supporting documentation, are submitted as exhibits with the Institutional Report. Their more important function, however, is to provide concrete prompts that help the institution to think collectively about its current status, its vision for the future, and what it may need to do to build on areas of strength, ensure improvement in areas of weakness, demonstrate compliance with federal regulations and WASC requirements, and accomplish a successful reaffirmation of accreditation.





Instead of beginning with the Self-review under the Standards and Compliance Checklist, some institutions may prefer to frame their self-study around their own priorities and planning (e.g., strategic, financial, and/or academic). The accreditation review may then be adapted to support those goals. Some institutions administer surveys or conduct focus groups to identify top campus priorities. Such approaches have the advantage of putting the emphasis on the institution's goals and then integrating them with WASC expectations; thus they may inspire broader campus engagement, stronger commitment to the process, and greater returns on the effort and resources invested. However the institution chooses to begin, explicit attention to the Standards and CFRs, as well as documented compliance with federal laws and regulations, is required.

After these initial steps, the focus of the self-study shifts to the specific components that form the institutional report. These components are described in detail below, along with prompts that can stimulate inquiry and reflection.

Another essential element at the outset of the self-study is practical planning for how the institution will launch and conduct the accreditation

review. Such planning addresses the financial and human resources that will be needed, the structures that will support progress, the timeline and milestones that must be met, and metrics that are available or must be generated. To the extent possible, institutions are encouraged to make use of existing resources, e.g., standing committees, an assessment office, program review, and institutional research, before introducing new processes.

Draft Outline of the Institutional Report:

Approximately 15 months before the Offsite Review, the institution submits a brief (2-4 pages) proposed outline of its report that reflects findings from the self-study, which will inform the institutional report. The institution also indicates when it wishes the visit to take place. The interval between the Offsite review and visit may range from 6 to 12 months. WASC staff review the outline to determine whether it meets expectations in relation to required components identified for the institutional report, compliance, areas of strength, and plans for improvement. The staff liaison provides feedback typically within three weeks' time, either accepting the outline or requesting changes.

The self-study is the institution's process of gathering data and reflecting on its current functioning and effectiveness under the Standards. A candid self-study, with broad engagement of the institutional community, provides the foundation for a high quality institutional report.

The Institutional Report

Overview: The institutional report is based on the findings of the institution's self-study and, with the exception of an institution-specific theme, must include the components described below. However, the institution may structure its report in the way it finds best suited to tell its story, reordering and perhaps combining these components as needed. A suggested order for the components follows:

- Introduction: Institutional Context; Response to Previous Commission Actions
- Compliance with WASC Standards and Federal Regulations: Self-review under the Standards; Compliance Checklist
- Degree Programs: Meaning, Quality, and Integrity of Degrees
- Educational Quality: Student Learning, Core Competencies, and Standards of Performance at Graduation
- Student Success: Student Learning, Retention, and Graduation
- Quality Assurance and Improvement: Program Review; Assessment; Use of Data and Evidence
- Sustainability: Financial Viability; Preparing for the Changing Higher Education Environment
- Institution-specific Themes(s) (optional)
- Conclusion: Reflection and Plans for Improvement

The required and optional components of the institutional report are described below. Numbering is provided for ease of reference; it does not indicate

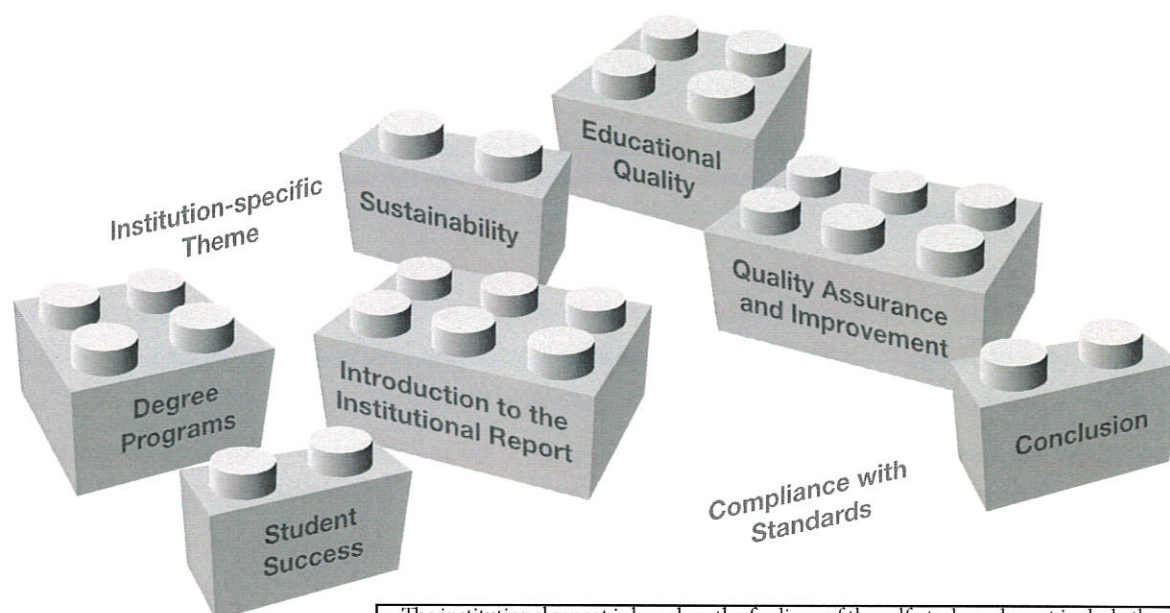
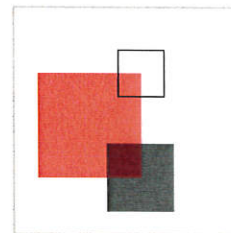
relative value or a required order of presentation. In general, each component should include a discussion of the topic within the context of the institution; analyses undertaken; a self-assessment and reflection; areas of strength or significant progress and areas of challenge; and next steps, as appropriate. When plans are described, targets, metrics, and timelines should be included, as appropriate.

Length of the Report and Citation of Standards:

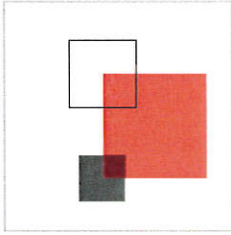
The institutional report narrative is typically 12,000 to 18,000 words (approximately 50-75 pages, double-spaced) in length. In the body of the report, it is helpful to hyperlink to relevant documents in the exhibits in order to support each assertion and to provide easy navigation for evaluators.

References to the Standards of Accreditation and citations of specific CFRs are included, as appropriate, in the body of the report. It is not necessary to cite all the CFRs because these will have been addressed in the Self-review under the Standards. Instead, the institutional report can cite only those CFRs of direct relevance to the topic under discussion (i.e., meaning of degrees, student learning and achievement, student success, quality assurance, planning for the future, and possibly an additional theme). Institutions may cite others, as relevant to their narratives.

When the institutional report is submitted, it should include a letter, signed by the president/chancellor, affirming the accuracy of the information presented and the institution's intention to comply fully with WASC Standards and policies.



The institutional report is based on the findings of the self-study and must include the listed components. However, the institution may structure its report in the way it finds best suited to tell its story, reordering and perhaps combining these components as needed.



Components of the Institutional Report



1: Introduction to the Institutional Report: Institutional Context; Response to Previous Commission Actions

(CFR 1.1, 1.8)

This component offers a succinct history of the institution and an overview of the institution's capacity, infrastructure, and operations. Activities such as distance education, hybrid courses, and off-campus instructional locations are integrated into this discussion. Special attention is given to significant changes since the last accreditation review, e.g., in mission, student demographics, structure, instructional modalities, finances, and other institution-level matters. This is also the place to provide a description of institutional values, the qualities of the educational experience that make graduates of this institution unique, and how the institution is addressing its contribution to the public good. If a theme(s) is included, it is introduced here with an explanation of how it was selected and where in the report the theme appears.

As part of this component, the institution also reviews the most recent team report and action letter and responds to Commission recommendations. As relevant, substantive change reviews, annual and interim reports, and trends or patterns of complaints against the institution, if any, may be discussed. This overview of its accreditation history, operations, strengths, and challenges can help the institution identify issues and anticipate questions that evaluation team members may pose as the institutional review proceeds. It should be noted that responses to the Retention and Graduation Committee (component 5) and Financial Review Committee (component 7) are to be discussed in other components of the narrative.

Prompts: The following prompts may be helpful in getting started, but the institution is not required to follow these prompts or respond to them directly.

- ☐ What does the institution perceive as its strengths and challenges based, for example, on internal planning and evaluation?
- ☐ How has the institution responded to earlier WASC recommendations?
- ☐ How does the institution demonstrate its contribution to the public good?
- ☐ What are the institution's current priorities and plans?

- ☐ How did the institution prepare for this review? Who was involved? What was the process? How did this work connect with existing priorities and projects?
- ☐ What theme(s), if any, will be discussed and where in the report do they appear?
- ☐ Has the institution provided any additional guidance that will help readers follow the organization of the report?



2: Compliance with Standards: Self-review Under the Standards; the Compliance Checklist

Federal law requires every institution coming under review for reaffirmation of accreditation to demonstrate that it is in substantial compliance with the Standards and CFRs of the accrediting association. In addition, the Commission requires that the institution have in place policies and procedures considered essential for sound academic practice.

WASC provides two documents—the Self-review under the Standards and the Compliance Checklist—to assist institutions in reflecting and reporting on their compliance with these expectations. In addition, these documents will assist institutions in identifying strengths and areas for improvement. Institutions need to complete both forms and include them among the exhibits that accompany the institutional report when it is submitted. An analysis and discussion of the institution's self-assessment and any plans emerging from these two exercises are discussed in the narrative for this component of the institutional report.

The Self-review under the Standards systematically walks the institution through each of WASC's Standards, CFRs, and Guidelines. It prompts the institution to consider where it stands in relation to capacity and educational effectiveness. As part of the self-study, the Self-review can stimulate useful conversations about the institution's strengths, weaknesses, and future efforts.

Working through the Compliance Checklist gives the institution an opportunity to inventory existing policies and procedures, highlight strengths, identify gaps, and note where documents may need to be updated or revised. This is also when institutions should check for compliance with WASC policies. Once the Compliance Checklist has been completed and verified, subsequent reviews require only a notation of changes since

the last review. The evaluation team will review compliance during the Offsite review and verify compliance during the visit.

Prompts: The following prompts may be helpful in getting started, but the institution is not required to follow these prompts or respond to them directly.

- Who participated in the Self-review under the Standards? What perspectives did different constituencies contribute?
- What was learned from the Self-review under the Standards? What are the institution's strengths and challenges? What issues and areas of improvement emerged?
- What was learned from the Compliance Checklist? What are priorities in terms of creating, updating, or revising policies and procedures?
- What plans are in place to address areas needing improvement? What resources, fiscal or otherwise, may be required?

3: Degree Programs: Meaning, Quality, and Integrity of Degrees



(CFRs 1.2, 2.2-4, 2.6, 2.7, 4.3)

Institutions are expected to define the meaning of the undergraduate and graduate degrees they confer and to ensure their quality and integrity. “Quality” and “integrity” have many definitions; in this context WASC understands them to mean a rich, coherent, and challenging educational experience, together with assurance that students consistently meet the standards of performance that the institution has set for that educational experience.

Traditionally, institutions have described their degrees either very generally (i.e., as something of self-evident value) or very concretely (in terms of specific degree requirements and preparation for specific professions). This component of the institutional report asks for something different: a holistic exploration of the middle ground between those two extremes, expressed in terms of the outcomes for students and the institutional mechanisms that support those outcomes. Defining the meaning of higher degrees can provide clarity for institutions, for students, and for a public that seeks to understand what unique educational experience will be had at that particular institution and what makes the investment in that experience worthwhile.

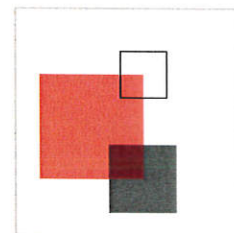
CFR 2.2 indicates that the degree as a whole should be more than the sum of its traditional parts: courses, credits, and grades. Exploring the meaning of a degree thus involves addressing questions about what the institution expects its

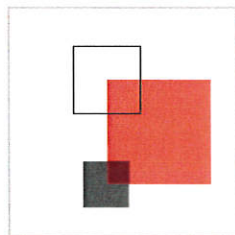
students—undergraduates and graduates alike—to know and be able to do upon graduation, and how graduates embody the distinct values and traditions of the institution through their dispositions and future plans. It leads to analysis of how effectively courses, curricula, the co-curriculum, and other experiences are structured, sequenced, and delivered so that students achieve learning outcomes at the expected levels of performance in core competencies, in their majors or fields of specialization, in general education, and in areas distinctive to the institution. It means ensuring alignment among all these elements, and maintaining an assessment infrastructure that enables the institution to diagnose problems and make improvements when needed. Not least of all, it means developing the language to communicate clearly about the degree—what it demands and what it offers—to internal and external audiences.

Institutions may wish to draw on existing resources that can be used to understand and articulate the meaning of degrees. These include, for example, AAC&U’s LEAP outcomes, the VALUE rubrics (which align with the LEAP outcomes), high-impact practices (or HIPS), and findings from NSSE, UCUES, CIRP, or the CSEQ (see Glossary for information on these resources). As appropriate, institution-level learning outcomes (ILOs) may also play a useful role in defining the meaning of undergraduate and graduate degrees. Identifying common outcomes at the division or school level rather than the institution level may make sense for some institutions.

Another resource is the draft Degree Qualifications Profile (DQP), developed with funding from the Lumina Foundation. This framework describes the meaning of three postsecondary degrees: associate, baccalaureate, and master’s. The DQP lays out five broad areas of learning appropriate to postsecondary education and defines increasingly sophisticated levels of performance in these five areas. The DQP sets forth these expectations for content and proficiency at a high level of generality, on the assumption that there are many paths to the same goal. The DQP offers institutions—and the public—a point of reference and a common framework for talking about the meaning of degrees, but without prescriptions or standardization.

WASC does not require institutions to use the DQP or any other specific framework or resource. Rather, institutions are encouraged to develop their own strategies for articulating the meaning of their degrees in ways that make sense for their mission, values, and student populations.





Prompts: The following prompts may be helpful in getting started, but the institution is not required to follow these prompts or respond to them directly.

- What does it mean for a graduate to hold a degree from the institution, i.e., what are the distinctive experiences and learning outcomes? For each degree level offered, what level of proficiency is expected? What is the overall student experience? How do these outcomes flow from the mission? (CFRs 1.1, 1.2, 2.1, 2.2) [Note: The discussion may focus on institutional learning outcomes that apply to all degree levels, or on the meaning of the degree at each level offered, i.e., associate, baccalaureate, master's, doctoral.]
- What are the processes used at the institution to ensure the quality and rigor of the degrees offered? How are these degrees evaluated to assure that the degrees awarded meet institutional standards of quality and consistency? (CFRs 2.6, 2.7, 4.1, 4.3, 4.4, 4.6)
- What was identified in the process of considering the meaning, quality, and integrity of the degrees that may require deeper reflection, changes, restructuring, etc.? What will be done as a result? What resources will be required?
- What role does program review play in assessing the quality, meaning, and integrity of the institution's degree programs? (CFRs 2.7, 4.1)



4: Educational Quality: Student Learning, Core Competencies, and Standards of Performance at Graduation (CFRs 2.2, 2.4, 2.6, 2.7, 4.3)

Institutions of higher education have a responsibility to document that students acquire knowledge and develop higher-order intellectual skills appropriate to the level of the degree earned. This documentation is a matter of validating institutional quality and providing accountability as well as setting the conditions for improvement of learning.

In the *2013 Handbook*, CFR 2.2a states that baccalaureate programs must: “ensure the development of core competencies including, but not limited to, written and oral communication, quantitative reasoning, information literacy, and critical thinking.”

The institutional review process calls upon institutions to describe how the curriculum addresses each of the five core competencies, explain their learning outcomes in relation to those core competencies, and demonstrate, through evidence of student performance, the extent to which those outcomes are achieved. If they wish, institutions

may create their own limited list of essential higher-order competencies beyond the five listed. They may also report student performance in majors or professional fields and in terms of institution-level learning outcomes that make the institution's graduates distinctive. The institution analyzes the evidence according to its own judgment, reports on student achievement of its learning outcomes in a way that makes sense for the institution (e.g., as a single score, or within ranges or qualitative categories), contextualizes the findings according to the mission and priorities of the institution, and formulates its own plans for improvement, if needed.

For example, for each core competency, the institution may set a specific level of performance expected at graduation and gather evidence of the achievement of that level of performance (which can be based on sampling) using the assessment methods of its choice.

The five core competencies listed in the *Handbook* are relevant in virtually any field of study, though different fields may define these outcomes in different ways and may also include other outcomes. At many institutions, it is the assessment of learning in the major or professional field that engages faculty and produces the most useful findings. Thus institutions may wish to embed assessment of core competencies in assessment of the major or professional field. Capstones, portfolios, research projects, signature assignments, internships, and comprehensive examinations provide rich evidence that can be analyzed for multiple outcomes, both specialized and common to all programs, at a point close to graduation as determined by the institution. Whatever the expectations and findings, they need to be contextualized and discussed in this component of the institutional report.

It is the institution's responsibility to set expectations for learning outcomes that are appropriate to the institution's mission, programs offered, student characteristics, and other criteria. The Commission is not seeking a minimum standard of performance that students would already meet upon entry or upon completion of lower-division general education courses. Nor does it seek outcomes common to all institutions irrespective of mission. Rather, the Commission seeks learning outcomes and standards of performance that are appropriately ambitious, that faculty and students can take pride in, and that can be explained and demonstrated to external audiences. If a given competency is not a priority for the institution or a particular field of study, expectations may legitimately be lower. Within the context of the institution's mission, the evaluation team then weighs the appropriateness of outcomes, standards, and evidence of attainment.

Standards of performance are best set through internal discussion among faculty and other campus educators. Although it is not required, institutions may benefit from external perspectives and collaboration with other institutions, e.g., through benchmarking or use of comparative data. For example, an institution may join a consortium that shares assessment findings and calibrates desired levels of performance.

Graduate programs and graduate-only institutions are expected to define and assess the generic intellectual competencies that are foundational in their field. CFR 2.2b, which refers to graduate programs, calls for expectations that are “clearly . . . differentiated from and more advanced than undergraduate programs in terms of . . . standards of performance and student learning outcomes.” Graduate programs also set standards of performance, choose assessment methods, interpret the results, and act on findings in ways that make sense for the program and institution.

Prompts: The following prompts may be helpful in getting started, but the institution is not required to follow these prompts or respond to them directly.

- What knowledge, skills, values, and attitudes should students possess when they graduate with a degree from the institution? What are the key learning outcomes for each level of degree?
 - For undergraduate programs, how do the institution’s key learning outcomes align with the core competencies set forth in CFR 2.2a? (CFRs 2.3, 2.4.)
 - For graduate programs, how are graduate level outcomes developed? How do these outcomes align with CFR 2.2b? (CFRs 2.3, 2.4)
- What are the standards of performance for students? How are these standards set, communicated, and validated? (CFR 2.6)
- What methods are used to assess student learning and achievement of these standards? When is learning assessed in these areas (e.g., close to graduation or at some other milestone)? (CFRs 2.4, 2.6, 4.3)
- What evidence is there that key learning outcomes are being met? (CFR 2.6)
- What steps are taken when achievement gaps are identified? How are teaching and learning improved as a result of assessment findings? (CFRs 2.4, 2.6, 4.3, 4.4)

- What role does program review play in assessing and improving the quality of learning? (CFRs 2.7, 4.1)
- How deeply embedded is learning-centeredness across the institution? What is the evidence? (CFRs 4.1-4.3)



5: Student Success: Student Learning, Retention, and Graduation

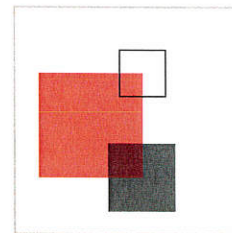
(CFRs 1.2, 2.7, 2.13)

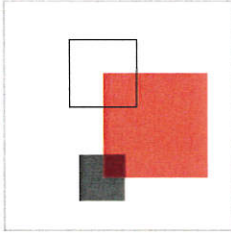
Student success includes not only strong retention and degree completion rates, but also high-quality learning. It means that students are prepared for success in their personal, civic, and professional lives, and that they embody the values and behaviors that make their institution distinctive. Institutions’ definitions of success will differ, given their unique missions, traditions, programs, and the characteristics of the students served.

The institution’s Retention and Graduation Review report, submitted to the Retention and Graduation Committee prior to the Offsite review, provides a foundation and point of departure for this component. If the institution has strong retention and graduation rates, this portion of the report may be relatively brief. If the Retention and Graduation Committee Review or an earlier team report has identified challenges, the institution will need to respond in more detail.

In either case, this component needs to address, explicitly, the learning and personal development dimensions of student success. Since aggregate data can mask disparities among student subpopulations, institutions are advised to disaggregate their data, including but going beyond the demographic characteristics required by the retention and graduation template. For example, analysis using several variables (such as students’ choice of major, participation in research, study abroad, leadership roles, admission to honor societies, pass rates on licensure examinations, and admission to graduate programs) may yield useful information.

While student success is the responsibility of the entire institution, student affairs and academic support can play a particularly critical role. Here, too, a well-developed assessment infrastructure can provide the data to document and improve student success.





Prompts: The following prompts may be helpful in getting started, but the institution is not required to follow these prompts or respond to them directly.

- How is student success defined (accounting for both completion and learning), given the distinctive mission, values, and programs offered, and the characteristics of the students being served? (CFRs 2.4, 2.6, 2.10, 2.13)
- How is student success promoted, including both completion and learning? What has been learned about different student subpopulations as a result of disaggregating data? (CFRs 2.3, 2.10-2.14)
- What role does program review play in assessing and improving student success? (CFRs 2.7, 4.1)
- Which programs are particularly effective in retaining and graduating their majors? What can be learned from them? What is the students' experience like? (CFRs 2.6, 2.10, 2.13)
- How well do students meet the institution's definition of student success? In what ways does the institution need to improve so that more students are successful? What is the timeline for improvement? How will these goals be achieved? (CFRs 2.6, 4.1-4.4)



6: Quality Assurance and Improvement: Program Review; Assessment; Use of Data and Evidence

(CFRs 2.4, 2.6, 2.7, 2.10, 4.1-4.7)

Successful quality improvement efforts are broadly participatory, iterative, and evidence-based. This component of the institutional report includes a discussion of three basic tools of quality improvement—program review, assessment of student learning, and data collection and analysis—and presents the ways these tools inform the institution's decision making. In addition, institutions are welcome to discuss other quality improvement approaches that have made a difference, if they wish.

Program review remains a priority for WASC. It is a natural nexus and point of integration for the collection of data and findings about the meaning of the degree, the quality of learning, core competencies, standards of student performance, retention, graduation, and overall student success. Because of the commitment of students to their degree programs and the loyalty of faculty to their disciplines, program review has great power to influence the quality of the educational experience. Program review can also provide insight into desirable future directions for the program and the institution.

In addition to implementing systematic program review, institutions are expected to periodically assess the effectiveness of their program review process. They can do so, for example, by reviewing the quality and consistency of follow-up after program reviews; determining the effectiveness with which the program review addresses achievement of program learning outcomes; and tracing how recommendations are integrated into institutional planning and budgeting.

Assessment, along with program review, is an essential tool that supports the goals and values of the accreditation process. "Assessing the assessment" should not crowd out the work of understanding student learning and using evidence to improve it. However, good practice suggests that it is wise to step back periodically, ask evaluative questions about each stage of the assessment cycle, and seek ways to make assessment more effective, efficient, and economical.

Data provide the foundation for effective program review, assessment of student learning, and other quality improvement strategies. However, to have an impact, data need to be turned into evidence and communicated in useful formats. The discussion of data collection, analysis, and use can include, for example, information about resources provided by the institutional research office (if one exists), software used to generate reports, access to data, processes for making meaning out of data (see the WASC Evidence Guide for more information), and mechanisms for communicating data and findings.

Prompts: The following prompts may be helpful in getting started, but the institution is not required to follow these prompts or respond to them directly.

- How have the results of program review been used to inform decision making and improve instruction and student learning outcomes? (CFRs 2.7, 4.1, 4.3, 4.4)
- What was identified in the process of examining the institution's program review process that may require deeper reflection, changes, restructuring? What will be done as a result? What resources will be required? (CFRs 2.7, 4.1, 4.4, 4.6)
- What has the program or institution learned as it carried out assessments of students' learning? How have assessment protocols, faculty development, choices of instruments, or other aspects of assessment changed as a result? (CFR 4.1)
- How adequate is the institutional research function? How effectively does it support and inform institutional decision-making, planning, and improvement? How well does it support assessment of student learning? (CFRs 4.2-4.7)



7: Sustainability: Financial Viability; Preparing for the Changing Higher Education Environment

(CFRs 3.4, 3.7, 4.1, 4.3-4.7)

To survive and thrive, institutions must not only cope with the present, but also plan for the future. In this component, WASC asks each institution first to describe its current status as a viable, sustainable organization; and second, to evaluate how it is poised to address fundamental changes facing higher education in the decade to come. In other words, what is the institution's vision of a 21st century education, and what role will the institution play?

At its most basic, “sustainability” means the ability to support and maintain, to keep something intact and functioning properly. Institutional sustainability has at least two dimensions. Fiscal sustainability—that is, adequacy of financial resources and the appropriate alignment of those resources—is fundamental and has always been critical in any institutional review. Indeed, financial exigency has historically been regional accreditors’ single most frequent cause for sanctions. In a highly volatile financial environment, assurance of financial sustainability becomes even more critical.

In this component, the institution presents its current financial position. If the Financial Review Committee has raised any issues or made recommendations, the institution presents its response in this section of the report. Plans should include targets, metrics, and timelines.

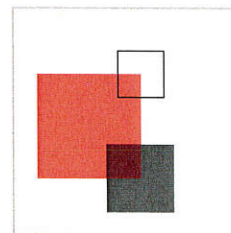
A second facet of financial sustainability is alignment. It is essential that resources be allocated in alignment with the institution's priorities. For an educational institution, clearly, a top priority is student learning and success; thus resource allocation needs to support educational effectiveness, along with other activities that advance knowledge, develop human capital, and allow the institution to learn, adapt, and thrive.

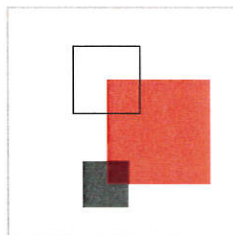
A third dimension of sustainability is the institution's ability to read the evolving higher education landscape and anticipate ways in which the institution itself may need to change. New technologies, economic pressures, public concern about the quality of learning, demographic shifts, student preparation for college, new skills and knowledge needed for success, and alternatives to traditional degrees—all these shifts and many others are rapidly transforming the social, economic, and political environment in which higher education functions.

The task here is for institutions to develop a vision of their role in 21st century higher education. The choices institutions make in the face of these bracing conditions will influence their long-term success.

Prompts: The following prompts may be helpful in getting started, but the institution is not required to follow these prompts or respond to them directly.

- Under Standard 3, institutions are expected to “develop and apply resources and organizational structures to ensure sustainability.” How can the institution demonstrate that its operations will remain financially sustainable over the next seven to 10 years? (CFRs 3.4 and 4.6)
- What has the Financial Review Committee said about the institution's financial position? What is the response to these recommendations? (CFR 3.4)
- How well do financial allocations align with institutional priorities, particularly those related to the meaning, quality, and integrity of degrees offered; student learning and success; and processes for quality assurance, accountability, and improvement? (CFRs 3.4, 4.3)
- Under Standard 2, how does the institution identify and enhance the competencies that students will need to succeed in the future? (CFRs 1.2, 2.2)
- What role does program review play in developing a vision of 21st century education for individual programs and for the institution as a whole? (CFR 4.7)
- In what ways can the institution ensure that educational effectiveness will continue during the period from the present to the next reaffirmation of accreditation? What systems and processes are in place? How deeply embedded are these initiatives in institutional systems and culture? How is educational effectiveness prioritized in the institution's formal plans? (CFRs 3.1-3.10, 4.1, 4.2, 4.6)
- How does the institution demonstrate that it is a learning organization? What evidence can be put forward? (CFRs 4.3-4.7)
- What resources have been committed to assessment of learning and improvement of student performance? How are decisions about levels of support made? How is support maintained even in times of constrained resources? (CFRs 3.6, 3.7, 4.3, 4.4)
- Of the changes taking place globally, nationally, locally, and in higher education, which ones will affect the institution most strongly in the next seven to 10 years? What is the institution's vision of education for the coming decade? For the more distant future? How is the institution anticipating, planning for, and adapting to such changes? (CFRs 4.6, 4.7)
- What specific skills does the institution possess or need to develop in order to engage with developments impacting its future, including those occurring globally? (CFRs 3.1, 3.2, 4.6, 4.7)





8: Institution-specific Theme(s) (optional) (CFRs as appropriate)

The accreditation review is an opportunity for institutions to align their own priorities with WASC's quality improvement process. In the *2001 Handbook*, the theme-based approach to self-study offered institutions the clearest opportunity for this kind of campus-wide engagement and improvement, and the vast majority of institutions took advantage of it. Thus the *2013 Handbook* continues to offer this option. In addition to addressing the components described above, institutions may identify and study one or two themes that are specific to the institution and of critical importance. The theme may emerge from institutional planning or other processes; in any case, it should connect to the Standards.

If the institutional report includes a theme, the component on institutional context is the place to introduce the theme and orient the reader to the part(s) of the institutional report where the theme will be developed. Origins of the theme, analysis, recommendations for action, and related steps can be included as a separate component of the institutional report, or the theme can be woven into one of the other components, as appropriate. Whatever the institution decides, it is helpful to inform the WASC staff liaison of the theme early on, so that an individual with relevant background can be included on the evaluation team.

Prompts: The following prompts may be helpful in getting started, but the institution is not required to follow these prompts or respond to them directly.

- What one or two themes would advance institutional priorities and add value to the accreditation review?

- What are the institution's goals or outcomes in pursuing this theme? What is the timeline, what evidence and metrics will show progress, and what resources (financial, human, other) will be required?



9: Conclusion: Reflection and Plans for Improvement

In this concluding component, the institution assesses the impact of the self-study, reflects on what it has learned in the course of the self-study, and discusses what it plans to do next. This is also the place to highlight what the institution has learned about key areas of exemplary institutional performance.

Exhibits

Exhibits are attached to the institutional report and support the narrative. By being selective about what to include, an institution can avoid excessive documentation, which can be challenging for institutions to collect and for evaluation team members and the Commission to read.

The exhibits include the following items:

- A.** Completed Self-Review under the Standards worksheet with a summary of areas identified as needing to be addressed and plans to address them.
- B.** Completed Compliance Checklist with an explanation for any missing documents.
- C.** Required data exhibits.
- D.** Institution-selected exhibits that support the institutional report's narrative.

Program review remains a priority for WASC. It is a natural nexus and point of integration for the collection of data and findings about the meaning of the degree, the quality of learning, core competencies, standards of student performance, retention, graduation, and overall student success.

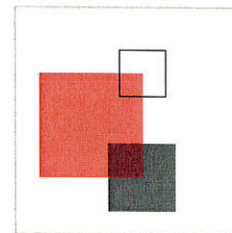
Interactions with the Evaluation Team

Throughout the institutional review process, representatives of the institution interact with evaluation team members and WASC staff. Interaction with the Commission occurs at the end of the institutional review process when the Commission makes a decision about the institution's accreditation status.

The evaluation team, composed primarily of experienced educators from peer institutions as well as other experts identified to address specific needs of the institution, has the responsibility to evaluate the institution under the Standards

of Accreditation. The evaluation team's work involves the following: reading the institutional report, exhibits, and other documents; conducting the Offsite review; conducting the visit; and preparing a report of its findings and recommendations.

Every institution seeking candidacy, initial accreditation, or reaccreditation has a WASC staff liaison. The liaison, together with other staff members, provides support and guidance to the institution, the evaluation team, and the Commission throughout the review process.



The Offsite Review

The focus of the Offsite review is to make preliminary findings based upon the institutional report and supplementary documents. The institution submits its institutional report and exhibits 12 weeks prior to the Offsite review. The evaluation team then convenes to evaluate the institution and its compliance with the Standards. As part of the review, the evaluation team carefully examines and incorporates into its analysis the findings of the Retention and Graduation and Financial Review Committees.

During the course of the one-day Offsite review, the evaluation team engages in conversations with institutional representatives via video conference. At the end of the Offsite review, evaluation team members share impressions, note issues for follow-up, formulate questions for the

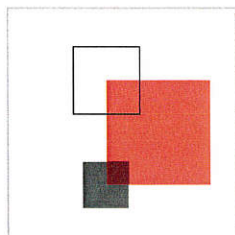
on-site review, and identify additional documents they may wish to examine before or during the visit. The evaluation team also either confirms the scheduling of the visit that the institution has requested (6 to 12 months later) or it recommends a different interval.

Following the Offsite review, the institution receives a summary of strengths, areas that need improvement, foci for the visit, questions for which the team seeks answers or clarification, additional materials that may be needed, and any special considerations. This summary is prepared by WASC staff with guidance from the evaluation team. The summary of findings from the Offsite review is a private communication; it is not made public. WASC staff then work with the institution to make arrangements for the visit.

The Visit

The three-day visit takes place 12 months after the Offsite review. An institution may request to have the visit 6 months after the Offsite review. The preferred interval is suggested by the institution in its outline of the institutional report and subsequently confirmed or rescheduled by the evaluation team during the Offsite review. During the visit, the team meets with campus representatives to follow up on outstanding issues and verify or revise its preliminary findings concerning both compliance and improvement. The

institution has an opportunity to demonstrate how it has responded to issues raised or questions asked at the time of the Offsite review and to fill any gaps in the picture it wishes to present of itself. Following the visit, the team shares its draft team report with the institution for correction of errors of fact and challenges related to proprietary information. The team then finalizes the team report and forwards it to the Commission for action.



PART IV: COMMISSION DECISIONS ON INSTITUTIONS

The Commission serves as the decision-making and policy-setting body of WASC. The Commission is responsible for determining the action taken for candidacy, eligibility, and reaccreditation of institutions being reviewed. Following the visit, the Commission reviews the accreditation history of an institution, institutional report and exhibits, the evaluation team's report, the response, if any, of the institution to the evaluation team report, any comments made by the institution's representatives to the Commission subsequent to the evaluation team report, and any other pertinent documents. It bases its decisions on the evaluation of the evidence before it. Unless good cause is demonstrated, the Commission will not consider evidence related to events and circumstances that postdate the visit by the team or information that was not available to the team. Institutional representatives have the opportunity to come before the Commission during the panel deliberations prior to Commission action.

The Commission may reaffirm accreditation for a period of seven to 10 years, or impose a sanction or other conditions, in accordance with the *2013 Handbook of Accreditation*. Once the Commission has made a decision regarding the accreditation of an institution, it notifies the institution in the form of an action letter as promptly as possible, but no later than 30 days from the Commission meeting. Action letters may contain special conditions, limits, or restrictions, which the institution is expected to follow in order to maintain accreditation. Examples include, but are not limited to: requiring interim reports or special visits; and placing restrictions on the initiation of new degree programs, the opening of additional sites, or enrollment growth. Following Commission actions, all action letters and team reports are made publicly available on the WASC Web site. A report of Commission actions is published and distributed following Commission meetings, and each individual institution's status is noted on the Commission Web site, in the Member Directory. Evaluation team reports for comprehensive reviews and special visits, as well as the Commission action letters, are also made public on the WASC Web site. (See the Policy on Disclosure of Accreditation Documents and Commission Actions.)

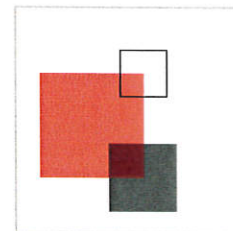
Forms of Possible Commission Action

The forms of possible Commission action with regard to institutions include:

1. Grant Candidacy or Initial Accreditation
2. Deny Candidacy or Initial Accreditation
3. Defer Action
4. Reaffirm Accreditation
5. Issue a Formal Notice of Concern
6. Issue a Warning
7. Impose Probation
8. Issue an Order to Show Cause
9. Terminate Accreditation

In taking an action, the Commission may impose conditions or request additional reporting or site visits.

DECISION	MAXIMUM TERM
Grant Candidacy	Up to 4 years
Grant Initial Accreditation	Up to 7 years
Deny Candidacy or Initial Accreditation	Minimum of 1 year before reapplying
Defer Action	1 year
Reaffirm Accreditation	Up to 10 years
Issue a Formal Notice of Concern	Up to 4 years
Issue a Warning	2 years
Impose Probation	2 years
Issue Show Cause Order	1 year
Terminate Accreditation	Effective on date specified, unless stayed by a request for Review or Appeal



Grant Candidacy or Initial Accreditation

Candidacy: The institution must demonstrate that it meets all, or nearly all, of the Standards of Accreditation at a minimum level and has a clear plan in place to meet the Standards at a substantial level of compliance for accreditation. Candidacy is limited to four years and is granted only when an institution can demonstrate that it is likely to become accredited during the four-year period.

Initial Accreditation: The institution has met Commission Standards at a substantial level. Initial accreditation is for a period of five to seven years before the next comprehensive review.

Deny Candidacy or Initial Accreditation

Denial of candidacy or initial accreditation reflects the Commission's finding that an institution has failed to demonstrate that it meets all, or nearly all, of the Standards of Accreditation at the required level for candidacy or initial accreditation. In this circumstance, Commission policy provides that an institution may reapply once it has demonstrated that it has addressed the issues leading to the denial. In all cases, it must wait at least one year before reapplying. (See the policy on Reapplication After Denial of Candidacy or Initial Accreditation.) Denial is an appealable action, as explained below.

Defer Action

Deferral is not a final decision. It is interlocutory in nature and designed to provide time for the institution to correct specified deficiencies. This

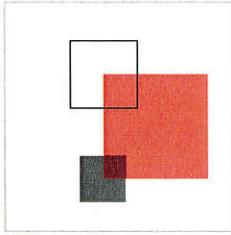
action allows the Commission to indicate to an institution the need for additional information or progress in one or more specified areas before a positive decision can be made. Deferrals are granted for a maximum period of one year.

Reaffirm Accreditation

Reaffirmation of accreditation occurs at the completion of the comprehensive review cycle or when an institution is taken off of a sanction. It indicates that the Commission has found that an institution has met or exceeded the expectations of the Standards and the Core Commitments to Student Learning and Success, Quality and Improvement, and Institutional Integrity, Sustainability, and Innovation. Reaffirmation is granted for a period of seven to 10 years and may be accompanied by a request for interim reports and/or special visits, or a formal Notice of Concern.

Issue a Formal Notice of Concern

This action provides notice to an institution that, while it currently meets WASC Standards, it is in danger of being found out of compliance with one or more Standards if current trends continue. A formal Notice of Concern may also be issued when an institution is removed from a sanction and the Commission wishes to emphasize the need for continuing progress and monitoring. Institutions issued a formal Notice of Concern have a special visit within four years to assess progress. If the Commission's concerns are not addressed by the time of the visit, a sanction is imposed, as described below.



Sanctions

Under U.S. Department of Education regulations, when the Commission finds that an institution fails to meet one or more of the Standards of Accreditation, it is required to notify the institution of these findings and give the institution up to two years from the date of this action to correct the situation. If an institution has not remedied the deficiencies at the conclusion of the two-year sanction period, the Commission is required, under U.S. Department of Education regulations, to take an “adverse action,” defined in the law as the termination of accreditation. Thus, all institutions must address the areas cited by the Commission expeditiously, with seriousness and the full attention of the institution’s leadership. It is the responsibility of the Commission to determine, at the end of the sanction period, whether the institution has corrected the situation(s) and has come into compliance with Commission Standards.

The Commission has adopted three sanctions—Warning, Probation, and Show Cause—to inform the institution and the public of the severity of its concerns about an institution’s failure to meet one or more Commission Standards or one or more of any conditions or restrictions that were contained in a Commission action letter. Sanctions are not intended to be applied sequentially. Whichever sanction is imposed, the Commission is required by federal law to terminate accreditation, rather than to continue the institution under the same or a new sanction for another two-year period, unless clear progress has been made within two years.

All sanctions are made public and are published on WASC’s Web site. When the Commission issues a sanction, a public statement is prepared to inform the public about the nature of the Commission’s concerns and the procedures that will follow. While the institution has an opportunity to review this document prior to its publication, the Commission reserves the right to make the final determination about the content of the public statement. The institution is also expected to notify its constituents about the Commission action and WASC publishes the Commission action letter and related team report, in accordance with the WASC policy on Disclosure of Accreditation Documents and Commission Actions.

In addition, when an institution is placed on a sanction, the Commission typically requests that a meeting be held between WASC staff, the institution’s chief executive officer, representatives of the institutional governing board, and senior faculty leadership within 90 days following the imposi-

tion of the sanction. The purposes of the meeting are to communicate the reasons for the Commission action, to learn of the institution’s plan to notify the institutional community about the action, and to discuss the institution’s plan for addressing the issues that gave rise to the sanction.

Federal law permits an extension of the two-year time frame when “good cause” is found. The Commission has determined that it will grant an extension for good cause only under exceptional circumstances and only when the following criteria are met:

- a. The institution must have demonstrated significant accomplishments in addressing the areas of noncompliance during the period under sanction, AND
- b. The institution must have demonstrated at least partial compliance with the Standard(s) cited, and, for any remaining deficiencies, demonstrate an understanding of those deficiencies, and readiness, institutional capacity, and a plan to remedy those deficiencies within the period of extension granted by the Commission.

In determining whether these criteria have been met, the Commission will also consider whether:

- a. The quality of education provided by the institution is judged to be in substantial compliance with Commission Standards at the time of the extension, AND
- b. The Commission has no evidence of any new or continuing violations of Standard 1 regarding institutional integrity, AND
- c. The Commission has no evidence of other reasons or current circumstances why the institution should not be continued for “good cause.”

The Commission may extend accreditation for “good cause” for a maximum of two years, depending on the seriousness of the issues involved and on its judgment of how much additional time is appropriate. By the conclusion of the extension period identified by the Commission, the institution must prepare a report that details its progress on the cited deficiencies and its compliance with those Standards cited by the Commission. Demonstrated compliance with Commission Standards is required and must be supported by verifiable evidence. Progress or promises of future action after such an extension are not sufficient.

Issue a Warning

A Warning reflects the Commission's finding that an institution fails to meet one or more of the Standards of Accreditation. While on Warning, any new site or degree program initiated by the institution is regarded as a substantive change (see the Substantive Change Manual for details). The candidate or accredited status of the institution continues during the Warning period. The Commission action to issue a Warning is subject to Commission Review, described below.

Impose Probation

Probation reflects the Commission's finding that the institution has serious issues of noncompliance with one or more of the Standards of Accreditation. While on Probation, the institution is subject to special scrutiny by the Commission, which may include a requirement to submit periodic prescribed reports and to receive special visits by representatives of the Commission. In addition, while on Probation, any new site or degree program initiated by the institution is regarded as a substantive change (see the Substantive Change Manual for details). The candidate or accredited status of the institution continues during the Probation period. The Commission action to impose Probation is subject to Commission Review, described below.

Issue an Order to Show Cause

An Order to Show Cause is a decision by the Commission to terminate the accreditation of the institution within a maximum period of one year from the date of the Order, unless the institution can show cause why such action should not be taken. Such an Order may be issued when an institution is found to be in substantial noncompliance with one or more Commission Standards or, having been placed on Warning or Probation for at least one year, has not been found to have made sufficient progress to come into compliance with the Standards. An Order to Show Cause may also be issued as a summary sanction for unethical institutional behavior (see Summary Sanctions for Unethical Institutional Behavior, below). In response to the Order, the institution has the burden of proving why its candidacy or accreditation should not be terminated. The institution must demonstrate that it has responded satisfactorily to Commission concerns, has come into compliance with all Commission Standards, and will likely be able to sustain compliance.

The candidate or accredited status of the institution continues during the Show Cause period, but during this period, any new site or degree program initiated by the institution is regarded as

a substantive change and requires prior approval. (See the Substantive Change Manual for details.) In addition, the institution may be subject to special scrutiny by the Commission, which may include special conditions and the requirement to submit prescribed reports or receive special visits by representatives of the Commission.

The Commission action to issue an Order to Show Cause is subject to Commission Review, described below.

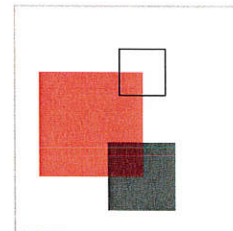
Terminate Accreditation

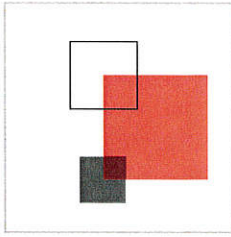
A decision to terminate accreditation is made by the Commission when an institution has been found to be seriously out of compliance with one or more Standards. Although not required, a decision to terminate may be made after an Order to Show Cause or another sanction has been imposed and the institution has failed to come into compliance. When accreditation is terminated, a specific date of implementation is specified. An action to terminate accreditation is subject to both the Commission review procedures and the WASC appeals process. If an institution closes after a termination action, the institution must comply with federal requirements and WASC policies about teach-out arrangements. WASC has established policies on notice of such actions (See policy on Disclosure of Accreditation Documents and Commission Actions) and on teach-out agreements (see policy on Teach-out Plans and Agreements). See the Commission Web site for the most current version of these policies.

Summary Sanctions for Unethical Institutional Behavior

If it appears to the Commission or its staff that an institution is seriously out of compliance with Standard One (Institutional Purposes and Ensuring Educational Objectives) in a manner that requires immediate attention, an investigation will be made and the institution will be offered an opportunity to respond on the matter. If the Commission concludes that the institution has so acted it may:

1. Sever relations if the institution has applied for, but has not yet been granted, candidacy or accreditation; or
2. If the institution is a candidate or accredited, either:
 - a. issue an Order to Show Cause why its candidacy or accreditation should not be terminated at the end of a stated period;
 - b. in an extreme case, sever its relationship with the institution by denying or terminating candidacy or accreditation; or
3. Apply less severe sanctions as deemed appropriate.





Commission Review Process for Institutions on Sanction

Institutions that are placed on Warning, Probation, or Show Cause, or for which applications for candidacy or accreditation are denied, or for which candidacy or accreditation is terminated by the Commission, may request a review of this decision according to the following procedures. These review procedures are designed as a continuation of the accreditation peer review process and are therefore considered to be non-adversarial.

1. When the Commission takes any of the actions listed above, its President will notify the given institution of the decision by a method requiring a signature, within approximately 14 calendar days of the Commission's decision. Said notification shall contain a succinct statement of the reasons for the Commission's decision.
2. If the institution desires a review of the Commission action, it shall file with the President a request for a review under the policies and procedures of the Commission. This request is to be submitted by the chief executive officer of the institution and co-signed by the chair of the governing board. Requests for review by an institution in a multi-college system shall also be signed by the chief executive officer of the system. The request for review must be received by a method requiring a signature, within 28 calendar days of the date of the mailing of the Commission's notification of its decision to the institution. The fee for the review process shall accompany the request.
3. Within 21 calendar days after the date of its request for review, the institution, through its chief executive officer, must submit a written statement of the specific reasons why, in the institution's opinion, a review of the Commission's decision is warranted. This written statement shall respond only to the Commission's statement of reasons for the Commission's decision and to the evidence that was before the Commission at the time of its decision. In so doing, the institution shall identify the basis for its request for review in one or more of the following areas: (1) there were errors or omissions in carrying out prescribed procedures on the part of the evaluation team and/or the Commission which materially affected the Commission's decision; (2) there was demonstrable bias or prejudice on the part of one or more members of the evaluation team or Commission which materially affected the Commission's decision; (3) the evidence before the Commission prior to and on the date when it made the decision that is being appealed was materially in error; or (4) the decision of the Commission was not supported by substantial evidence.

The institution may not introduce evidence that was not received by the Commission at the time it made the decision under review.

It is the responsibility of the institution to identify in the statement of reasons what specific information was not considered, or was improperly considered, by the visiting team or the Commission and to demonstrate that such acts or omissions were a material factor in the negative decision under review.

The statement of reasons will be reviewed by Commission staff for compliance with this provision. If, in the judgment of Commission staff, the statement of reasons is deficient, it will be forwarded to the Commission chair. Should the Commission chair concur with the judgment of Commission staff, no review committee will be appointed and the statement will be returned to the institution.

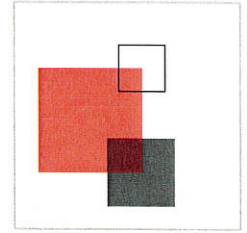
If the statement of reasons is returned, the institution will be provided the opportunity to revise the statement within 21 calendar days from the date the notice of return is sent to the institution. Should the institution resubmit its statement of reasons within the prescribed time period, the revised statement will be reviewed by Commission staff. If the revised statement is still found to be deficient, it will be forwarded to the Commission chair. Should the Commission chair concur that the revised statement is deficient, no review committee will be appointed. This action is final and is not subject to the WASC appeals process.

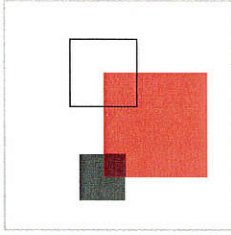
4. On acceptance of the institution's written statement referred to in (3) above, a committee of three or more persons will be selected by Commission staff to serve as the review committee. A roster of the review committee will be sent to the institution, normally within 30 calendar days of the date of the Commission's receipt of the institution's written statement. No person who has served as a member of the visiting team whose report is subject to review shall be eligible to serve on the review committee. The institution will be provided opportunity to object for cause to any of the proposed review committee members. After giving the institution this opportunity, Commission staff will finalize the membership of the review committee.
5. Within a reasonable period of time after the review committee has been selected, the President will schedule a meeting of the review committee at a location separate from the institution and Commission offices. No assurance can be made that the review committee process will take place in time for the review to be included on the agenda of the next Commission meeting.

6. Prior to the meeting of the review committee, the committee members will review available information. If additional information is needed, the chair of the review committee may request such information from the chief executive officer of the institution, Commission staff, or the visiting team, before, during, or after the meeting of the review committee.
7. The review will be investigative and designed to determine if any of the grounds for review cited by the institution are valid.
8. Commission staff other than the WASC liaison for the contested Commission action will assist the review committee as needed. The Committee may interview, among others, Commission readers, the chair or members of the previous visiting team, and the Commission staff member who supported the team visit. Outside legal counsel is not permitted to attend or be present in meetings with the review committee without consent of the review committee chair. If allowed to be present, legal counsel will not be allowed to conduct any part of the proceedings but will be permitted to advise institutional representatives as needed. The Commission legal counsel may advise the review committee, but may not attend those portions of the review committee's meetings when it is meeting with institutional representatives, unless legal counsel for the institution is also permitted to be present.
9. The review committee should open and close its meeting with the chief executive officer or other institutional representatives by attempting to ascertain whether or not the institution has any complaints about any aspect of the review process. All written evidence is to be provided to the review committee together with the institution's request for review. The Commission office shall provide the review committee with documents that were available to the Commission at the time of its action. If additional information is requested from the institution, it is to be provided at least seven business days in advance of the review committee's meeting. The review committee is only allowed to consider evidence that was available to or known by the Commission at the time of its taking action. No new evidence or information relating to actions or events subsequent to the date of the Commission action is to be presented or considered by the review committee.
10. The review committee shall prepare a report that states the reasons for the Commission action, identifies each reason advanced by the institution in its request for review, and, for each reason, evaluates the evidence that the

institution has presented in support of its request for review. In addition, the review committee may evaluate additional evidence that, in its opinion, is relevant to its recommendation to the Commission. The report shall state only findings of fact and not consider or cite any evidence relating to facts or events occurring after the date of Commission action.

11. The chair of the review committee will submit a copy of the review committee's report that is referred to in (10) above to the chief executive officer of the institution, the chair of the institution's governing board, and the President of the Commission, normally within 30 calendar days of the end of the review committee's meeting.
12. In a confidential letter to the Commission, the review committee will recommend whether the Commission decision that is under review should be affirmed or modified. This recommendation of the review committee to the Commission will not be disclosed to the institution being reviewed. The recommendation is not binding on the Commission.
13. Within 14 calendar days of the institution's receipt of the review committee's report, the chief executive officer will submit a written response to the President of the Commission, with a copy to the Chair of the review committee, for transmittal to the Commission. The review will be placed on the agenda of an upcoming Commission meeting, for consideration by the Commission.
14. Prior to the Commission meeting, a reader meeting will be conducted by conference call or in person where the chief executive officer of the institution and a limited number of institutional representatives will be invited to discuss the review committee report with those Commissioners designated as readers. The chair of the review committee will also be invited to participate in the call. Discussion at this reader meeting will be confined to the report of the review committee referred to in (10) above and to the institution's response to this report.
15. The Commission readers will report the substance of this meeting to the Commission when it meets. Institutional representatives will be invited to appear before the Commission before it takes action.
16. The Commission will reach a final decision to: (1) reaffirm its original decision; (2) modify it; or (3) reverse it. As soon after the meeting as is practicable, the President/Executive Director will notify the chief executive officer of the institution, by a method requiring a signature, of the Commission's decision.





17. When candidacy or accreditation has been denied or withdrawn, the institution may file an appeal with the President of the Commission in accordance with the provisions of the Appeals Manual available from the WASC office. In making its appeal, the institution may only raise grounds and issues in support of those grounds that were raised during the review process.
18. When the Commission action is denial or withdrawal of candidacy or accreditation, the institution retains its prior status until the review process of the Commission is completed. If the institution files a subsequent appeal with the Western Association of Schools and Colleges, its status remains unchanged until that appeal has been heard and decided.
19. Special charges for the review process have been established by the Commission. A list of these charges is available from the Commission office and on the Commission Web site.
20. The Commission may develop any necessary procedures and instructions to review committees to implement this process. These materials will be available from the Commission office.

Commission Decisions Regarding Accreditation Status

The Commission will provide written notice to the Secretary of the U.S. Department of Education, the appropriate state licensing or authorizing agency, other accrediting agencies, WASC accredited and candidate institutions, and the public no later than 30 days after it makes:

- A decision to grant initial accreditation, candidacy, or reaffirmation;
- A final decision to place an institution on Warning, Probation, or Show Cause;
- A final decision to deny or terminate candidacy or accreditation;
- Final approval of all substantive and structural changes.

No later than 60 days after these decisions, the Commission will make available to the Secretary of the U.S. Department of Education, the appropriate state licensing or authorizing agency, and the public upon request, a brief statement summarizing the reasons for the agency's decision.

Institutional Decisions Regarding Accreditation Status

The Commission will, within 30 days, notify the Secretary of the U.S. Department of Education, the appropriate state licensing or authorizing agency, and the public upon request, if an institution:

- Voluntarily withdraws from candidacy or accreditation; or
- Allows its candidacy or accreditation to lapse.

Regard for Decisions of Other Agencies

If the Commission is notified by another recognized accrediting agency that an applicant or candidate institution has had a status of recognition with that agency denied, revoked, or terminated, the Commission will take such action into account in its own review if it is determined that the other agency's action resulted from an institutional deficiency that reflects a lack of compliance with the WASC Standards of Accreditation.

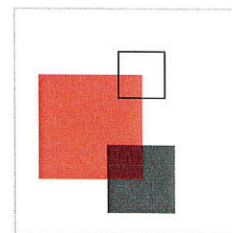
If the Commission is notified by another recognized accrediting agency that an accredited institution has had a status of recognition with that agency revoked, suspended, or terminated, or has been placed on a publicly announced probationary status by such an accrediting agency, the Commission will review its own status of recognition of that institution to determine if the other agency's action resulted from an institutional deficiency that reflects a lack of compliance with WASC's Standards of Accreditation. If so, the Commission will determine if the institution's status with the Commission needs to be called into question, or if any follow-up action is needed.

If the Commission is notified by a state agency that an applicant, candidate, or accredited institution has been informed of suspension, revocation, or termination of the institution's legal authority to provide postsecondary education, the Commission will review its own status of recognition for that institution to determine compliance with the Standards of Accreditation. If the Commission finds the institution is no longer in compliance with the Standards, the Commission will determine the appropriate action to be taken.

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

WASC Glossary

A glossary of terms related to accreditation and educational effectiveness is provided below. Many of these terms have multiple meanings and/or have been used in different ways by different associations, institutions, and individuals. The definitions that follow represent the way WASC typically uses these words for purposes of institutional review and reporting. If local usage differs significantly from the definitions below, the institution should translate its terms for accreditation purposes to avoid misunderstanding on the part of the evaluation team, WASC staff, and others.



A

AAC&U – see “Association of American Colleges and Universities.”

AACSB – see “Association to Advance Collegiate Schools of Business.”

AAU – see “Association of American Universities.”

AAUP – see “American Association of University Professors.”

ABET – see “Accrediting Board for Engineering and Technology.”

Academic calendar – the institution’s published scheduling arrangement for classes, i.e., quarter, semester, trimester, summer, intersession, etc.

Academic freedom – institutional policies and practices that affirm that those in the academy are free to share their convictions and responsible conclusions with their colleagues and students in their teaching, research, and writing. According to the AAUP statement on academic freedom, teachers are entitled to freedom in the classroom in discussing their subject, but should not introduce controversial matter that has no relation to their subject.

Academic Resource Conference (ARC) – annual meeting sponsored by the WASC Senior College and University Commission.

ACCJC – see “Accrediting Commission for Community and Junior Colleges.”

Accountability – in higher education, being answerable to the public, e.g., students, parents, policymakers, employers. Historically, accountability has focused on financial resources; emphasis now extends to students’ academic progress, including retention, acquisition of knowledge and skills, and degree completion.

Accreditation – as practiced by WASC and other regional accrediting associations, a voluntary, non-governmental, peer-based form of quality assurance at the institutional level. To receive or

reaffirm accredited status, institutions demonstrate that they are in compliance with state and federal law and meet the accrediting association’s standards. Accrediting associations must be recognized by the National Advisory Committee on Institutional Quality and Integrity (NACIQI) in order for their accredited institutions to qualify for federal grants and loans to students.

Accreditation Liaison Officer (ALO) – the individual at an institution who is assigned to conduct continuing relations with the accrediting agency and to oversee processes associated with the institution’s accreditation status.

Accrediting Board for Engineering and Technology (ABET) – national accrediting agency for programs in engineering, technology, and computer science.

Accrediting body or agency – a voluntary, non-governmental association established to evaluate and approve educational institutions or programs. Some accrediting bodies are recognized by the U.S. Department of Education to establish institutional eligibility for distribution of certain federal funds such as student loans and grants.

Accrediting Commission for Community and Junior Colleges (ACCJC) – agency that accredits two-year institutions in California, Hawai’i, and U.S. territories in the Pacific Basin. See “WASC.”

Accrediting Commission for Schools (ACS) – agency that accredits K-12 institutions in California, Hawai’i, and U.S. territories in the Pacific Basin.

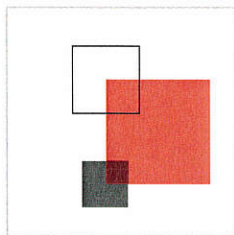
ACE – See “American Council on Education.”

ACRL – see “Association of College and Research Libraries”

ACS – see “Accrediting Commission for Schools.”

ACT – see “American College Testing.”

Action letter – an official, public statement of



findings, approved by the WASC Senior College and University Commission and signed by the WASC president, at the conclusion of the institutional review process. The letter typically commends exemplary institutional efforts, notes areas for improvement, contains recommendations, sets the number of years until the next review for reaccreditation, and may impose other conditions such as an interim report or special visit.

Admissions policy – the rationale, criteria, and processes that determine which applicants are permitted to enroll at an institution. Based on their criteria, institutions are sometimes described as highly selective, moderately selective, or open admission institutions.

Aggregation – a process of grouping distinct or varied data together and considering them as a whole. See “disaggregation.”

ALA – see “Assessment Leadership Academy.”

Alignment – connections among functions or dimensions of an institution that support achievement of goals, e.g., among curriculum, pedagogy, and expected outcomes; or priorities, planning, and resource allocation.

ALO – see “Accreditation Liaison Officer.”

American Association of University Professors (AAUP) – organization whose purpose is to advance academic freedom and shared governance; define professional values and standards for higher education; and support higher education’s contribution to the common good.

American College Testing (ACT) – producer of standardized, commercial tests used in college admissions, for placement, and other purposes.

American Council on Education (ACE) – Washington-based umbrella organization for associations representing institutional types and functions within higher education. Plays a major role in federal policymaking related to higher education.

Anchor – in assessment of student learning, an example of student work, usually used in conjunction with a rubric, that exemplifies a specific level of performance. Anchors are used in training sessions to norm raters’ responses, to maintain calibration among raters, and to illustrate for students the meaning of language in rubrics.

Appeal of Commission Action – the second and final stage of the Senior College and University Commission’s review and appeal process, under which certain Commission decisions may be appealed in accordance with the Constitution of the Western Association of Schools and Colleges. See also “Review of Commission Actions.”

ARC – see “Academic Resource Conference.”

Assessment (of student learning) – an ongoing, iterative process consisting of four basic steps: 1. defining learning outcomes; 2. choosing a method or approach and then using it to gather evidence of learning; 3. analyzing and interpreting the evidence; and 4. using this information to improve student learning.

Assessment Leadership Academy (ALA) – a 10-month course of study sponsored by WASC offering participants the opportunity to develop deeper knowledge and skills related to assessment of student learning and organizational change.

Assessment method – a way to collect evidence of student learning. See “direct method” and “indirect method.”

Association of American Colleges and Universities (AAC&U) – Washington-based national organization dedicated to promotion of liberal learning and its integration with professional and civic education.

Association of American Universities (AAU) – Washington-based invitation-only association of preeminent research universities in the United States and Canada. Focuses on national and institutional issues of importance to research-intensive universities, such as funding for research, education and research policy, and graduate education.

Association of College and Research Libraries (ACRL) – a professional association of academic librarians and other interested individuals dedicated to enhancing the ability of academic library and information professionals to serve the information needs of the higher education community. The ACRL Information Literacy Competency Standards for Higher Education (2001) have been influential in supporting the teaching, learning, and assessment of information literacy.

Association to Advance Collegiate Schools of Business – internationally recognized, specialized accreditation for business and accounting programs at the bachelor’s, master’s, and doctoral level.

Authentic assessment – 1. an assessment approach that requires students to actively generate a response to a question, for example in an essay, rather than choose from a set of responses, e. g., a multiple choice or matching activity; 2. an assessment approach that uses an activity close to “real life” rather than an academic construct such as a test.

B

Baccalaureate – see “Degrees, B.A., B.M., and B.S.”

Benchmark – a point of reference or standard of

excellence in relation to which something can be compared and judged. A specific level of student performance may serve as the benchmark that students are expected to meet at a particular point in time or developmental level. Retention and graduation rates may also be benchmarked against those of peer institutions or national norms.

Board of Trustees; also Board of Regents, Board of Directors – the governing body that bears ultimate legal and fiduciary responsibility for the smooth functioning and quality of the educational institution. The board makes high-level decisions regarding finances, the physical plant, academic programs, and other matters, operating at the level of policy, not management. The president answers to and is evaluated by the board.

C

Candidacy – a status of preliminary affiliation with the Senior College and University Commission, awarded for a maximum of four years following a procedure for institutional review that includes self-study and on-site visitation. Candidacy indicates that the institution meets all or nearly all the Standards at a minimum level. Candidacy is not accreditation and does not ensure eventual accreditation; it means that an institution is progressing toward accreditation.

Capacity and Preparatory Review (CPR) – the second step in the institutional review process introduced by WASC in 2001 and still required for institutions seeking candidacy. The three-step process may also be mandated for other institutions under special circumstances. Review focuses on the adequacy of finances, facilities, human capital, information resources, quality assurance processes, and other aspects of institutional infrastructure. See also “Proposal,” “Educational Effectiveness Review.”

Capstone – a culminating project or experience, usually associated with undergraduates but also applicable to graduate education, that generally takes place in the student’s final year of study and requires review, synthesis, and application of what has been learned over the course of the student’s college experience. The result may be a product (e.g., original research, an innovative engineering design, an art exhibit) or a performance (e.g., a recital, an internship, student teaching). The capstone can provide evidence for assessment of a range of outcomes, e.g., core competencies, general education outcomes, and institution-level outcomes, as well as those for the major or graduate degree.

Catalog – an educational institution’s official bulletin or publication that provides information on admission, institutional mission, majors, minors,

current course offerings, costs, faculty, and other topics. To receive a degree, a student must ordinarily meet the requirements in effect and so noted in the catalog when the student first enrolled. The catalog is typically posted on an institution’s Web site; it may also be available in hard copy.

CCNE – see “Commission on Collegiate Nursing Education.”

CCSSE – see “Community College Survey of Student Engagement.”

Ceiling, floor – in assessment of learning, a ceiling effect occurs when the assessment activity is not challenging enough, or the scoring rubric is not ambitious enough, to accommodate higher levels of student performance. A floor effect occurs when data cannot represent a value lower than what the assessment activity or the rating scale allows.

Central office – refers, as appropriate, to the central offices of a university system, such as the University of California, University of Hawai’i, and California State University; or to the central administration of an independent institution with multiple campuses.

CFR – see “Criterion for Review.”

CHEA – see “Council for Higher Education Accreditation.”

CIRP – see “Cooperative Institutional Research Program.”

CLA – see “Collegiate Learning Assessment.”

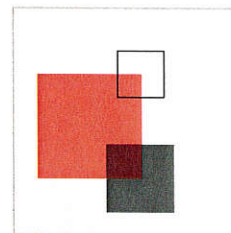
CLO – See “outcome.”

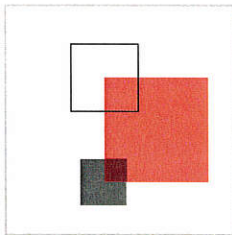
Closing the loop – refers to the four-step assessment cycle (see “assessment of student learning”) and the need to complete the cycle in order to improve learning. “Completing the cycle” may be understood as 1. completing step 4; or 2. completing step 4 and then repeating the cycle to see whether the changes implemented have produced the desired result.

Co-curricular learning – learning that takes place in activities and programs that are not part of the prescribed sequence of courses in an academic program.

College – a term with multiple meanings in U.S. usage: 1. historically, a small, undergraduate liberal arts institution; 2. a generic term, sometimes used as a synonym for university, to denote any postsecondary educational institution, including universities; 3. a grouping of related disciplines within a university, e.g., College of Engineering.

College Student Experiences Questionnaire (CSEQ) – survey developed in 1979 to gauge quality of effort and engagement. A forerunner of





NSSE, the CSEQ contributed to the shift to studying behaviors as indicators of the student experience. The CCSEQ is designed for community college students.

Collegiate Learning Assessment (CLA) – a standardized test of students’ writing, critical thinking, and analytical skills developed by the Council for Aid to Education (CAE). Differs from the majority of commercial tests by posing open-ended questions and requiring students to formulate their own responses after examining a body of information. Producers claim the test can show the value added by the college experience from entry to senior year.

Commission, also Senior College and University Commission – refers to the Senior College and University Commission of the Western Association of Schools and Colleges (WASC); may denote either the entire senior college organization or its decision-making body.

Commission on Collegiate Nursing Education (CCNE) – national accreditation agency for nursing education at baccalaureate, graduate, and post-graduate levels.

Community College Survey of Student Engagement (CCSSE) – equivalent for two-year institutions of the National Survey of Student Engagement (NSSE) used at four-year institutions.

Comparative data – data drawn from other sources: from within or, more typically, from outside the institution. Comparative data can enhance meaning and contextual understanding of the primary data being reviewed and analyzed.

Competency – in assessment of student learning, a specific skill, body of knowledge, or disposition; can also refer to the student’s ability to demonstrate that learning. “Competency” is sometimes used interchangeably with “outcome,” “objective,” and “ability.”

Complaint – a written and signed complaint, based on WASC Standards, that may be submitted to the Senior College and University Commission about an institution, or against WASC.

Compliance Checklist: A list of published policies and practices, aligned with the WASC Standards, deemed basic to sound institutional operations. Evaluation teams monitor the checklist when reviewing institutions in order to verify to the Commission and the U.S. Department of Education that these basic elements are in place. Several elements may require more extensive review, e.g., credit hour and student complaint policies.

Completion, also degree completion – signifies that students are able to graduate, having completed all requirements for their degree; sometimes used as a synonym for “graduation.”

Context – the institution’s mission, values, student body, and other factors that influence student- and institution-level outcomes.

Cooperative Institutional Research Program (CIRP) – a program of the Higher Education Research Institute (HERI) at UCLA that includes multiple surveys. Best known is the survey administered to incoming students that asks questions about academic preparedness, expectations of college, values and goals, demographic characteristics, financial concerns, and other topics.

Core commitments – WASC’s Standards and process are founded on three Core Commitments: to student learning and success; to quality and improvement; and to institutional integrity, sustainability, and accountability. WASC-accredited institutions demonstrate their adherence to these commitments through the institutional review process.

Core competencies – as defined in WASC Standard 2, Criterion for Review 2.2, institutions report on graduating students’ levels of performance in five core competencies: written and oral communication, quantitative reasoning, critical thinking, and information literacy. Not to be confused with “core curriculum” (see “core curriculum”).

Core curriculum – 1. an approach to general education that requires all students to take the same set of courses, rather than choosing from a menu of options; 2. sometimes used as a synonym for general education. See also “general education.”

Council for Higher Education Accreditation (CHEA) – Washington-based organization of degree-granting colleges and universities that advocates for self-regulation of academic quality through peer-based accreditation. CHEA promotes assessment of student learning as one way to improve educational quality and pre-empt criticism of institutional performance.

Council of Regional Accrediting Commissions (C-RAC) – brings together leadership of the seven regional commissions accrediting two- and four-year colleges and universities: Higher Learning Commission of the North Central Association of Schools and Colleges, Middle States Association of Schools and Colleges, New England Association of Schools and Colleges, Northwest Association of Schools and Colleges, Southern Association of Colleges and Schools, and the ACCJC and Senior College and Univer-