

Being Accredited

Handbook for Applicants &
Candidates for Accreditation

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Middle States Commission on Higher Education

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Permission is granted to colleges and universities within the jurisdiction of the Middle States Commission on Higher Education to download, print, and photocopy this handbook for the purpose of preparing to apply for Candidate Status and to become Accredited. A link to the text of this handbook also is included in the Publications/Manuals on Accreditation Protocols tab on the Commission's website.

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Introduction and Overview

What is Accreditation?

Accreditation is a process used by colleges, universities, and other institutions of higher education to sustain and strengthen their quality. To earn and maintain accreditation, colleges and universities must demonstrate to colleagues from peer institutions that they meet or surpass mutually agreed-upon standards.

In the United States, accreditation is a significant way that colleges and universities can give the public confidence that they provide a quality education. Accreditation offers a number of specific benefits to students and their families as well as to the colleges and universities themselves:

- In order to be eligible for Federal student financial aid, students must attend an institution accredited by an accreditor recognized by the U.S. Department of Education.
- Employers often require that certain employees hold degrees from accredited institutions.
- Employers often offer tuition assistance only to employees attending accredited institutions.
- State governments often require that institutions be accredited in order to offer state student financial aid or receive other state grants and funds.
- State governments often require that students attend accredited institutions in order to sit for state licensure examinations.
- Colleges and universities often accept transfer credits only from institutions accredited by an accreditor recognized by the U.S. Department of Education.
- The Federal government requires that institutions be accredited in order to be eligible for many Federal grants and funds.
- Accreditation is an important means of minimizing the cost and burden of external controls on colleges and universities.

There are three major types of higher education accreditors in the United States.

- The Middle States Commission on Higher Education is one of seven regional accreditors. Regional accreditors accredit entire institutions, not individual programs, units, or locations. Regional accreditors require that undergraduate programs (if the institution offers any) include a significant general education or liberal studies component.
- National accreditors such as the Accrediting Council of Independent Colleges and Schools (ACICS) or the Association for Biblical Higher Education (ABHE) accredit particular types of institutions.
- Specialized accreditors such as the National Association of Schools of Art and Design (NASAD) or the Association to Advance Collegiate Schools of Business (AACSB) accredit certain academic programs or units.

What is the Middle States Commission on Higher Education?

The Middle States Commission on Higher Education (MSCHE) accredits colleges and universities primarily in its region: Delaware, the District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Puerto Rico, and the U.S. Virgin Islands. The Commission is distinctive from other accreditors available to colleges and universities in the Middle States region in several respects:

- MSCHE is one of the oldest accreditors in the United States and is one of the accreditors recognized by the U.S. Department of Education. It accredits the most highly esteemed colleges and universities in its region, and its accreditation is widely accepted by prospective students, employers, other institutions, and the general public as an indication that an institution provides a high quality education. A vast majority of colleges and universities accept transfer credits from MSCHE member institutions.
- MSCHE and its member institutions are committed to focusing continually not only on compliance with its accreditation [standards](#) but also on continuous improvement beyond minimal compliance. All member institutions work to establish a culture and processes that not only ensure their quality but also support continuous improvement beyond minimal compliance with those standards.
- MSCHE and its member institutions are dedicated to collegiality and quality assurance through peer review accreditation processes as described below. All member institutions collegially contribute to this process by making members of their faculty and staff available to serve as trained peer evaluators.
- As one of the United States' seven regional accreditors, MSCHE accredits entire institutions, not individual programs, units, or locations. It accredits only institutions whose undergraduate programs (if the institution offers any) have a significant general education or liberal arts component.
- MSCHE accredits a diverse array of higher education institutions. Its members vary considerably in terms of mission, instructional delivery method, size, and organization. Among its members, for example, are very large and very small institutions, public and private institutions, comprehensive and specialized institutions, open-admission institutions, for-profit institutions, faith-based institutions, institutions offering only graduate programs, institutions offering only programs designed for adult learners, and institutions offering only online programs.

- The Commission applies its standards within the context of each institution's mission, so its standards are not prescriptive. MSCHE does not prescribe, for example, particular organizational structures, faculty credentials, class sizes, or measures of student success. This does not mean, however, that MSCHE accreditation is lenient. MSCHE requires solid, compelling evidence of the academic rigor of an institution's educational offerings and that the institution's students are achieving the institution's goals.
- All MSCHE members are committed to stability in resources, governance, and leadership.

What Is the Middle States Peer Review Accreditation Process?

The Middle States Commission on Higher Education makes accreditation decisions on the basis of a multilayered process conducted by volunteer representatives of peer institutions, supported by Commission staff members:

- Volunteer evaluators from peer institutions, often working in a team, use reports, documents, visits, or a combination of these to review an institution and recommend a Commission action.
- A member of an appropriate Commission committee reviews the recommended action and supporting documents, including the institutional response to the volunteer [evaluators' team report](#), and recommends an action to the committee.
- The committee, in turn, recommends an action to the Commission.
- The Commission decides on the action regarding the institution.

This multilayered process ensures that the Commission's standards are interpreted and applied consistently and that the Commission's actions are fair, equitable and appropriate. The peer representatives' initial recommendations for Commission action thus can, and frequently do, change as they move through the process and are reviewed and discussed.

Requirements of Affiliation: Who is Eligible for Middle States Accreditation?

MSCHE accreditation is open only to institutions that meet the requirements of affiliation listed in Table 1.

Table 1	Requirements of Affiliation of the Middle States Commission on Higher Education
	<ol style="list-style-type: none">1. The institution awards postsecondary degrees. Institutions that offer only postsecondary certificates, diplomas, or licenses are not eligible for accreditation by the Middle States Commission on Higher Education.2. The institution is able to provide written documentation that it is authorized to operate as an educational institution and award postsecondary degrees by an appropriate governmental organization within the Middle States region (Delaware, the District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Puerto Rico, and the U.S. Virgin Islands), as well as by other agencies as required by each of the jurisdictions or regions in which it operates. It should be noted that:<ul style="list-style-type: none">➤ Authorization to operate as a corporation is different from, and does not necessarily guarantee, authorization to award postsecondary degrees. The latter is required for MSCHE accreditation.➤ Government licensure requirements often differ significantly from Commission accreditation standards, and government licensure does not guarantee that an institution meets Commission standards.3. The institution is operational, with students actively pursuing its degree programs. It will graduate at least one class before the evaluation team visit for initial accreditation takes place (Step 7 of the initial accreditation process), unless the institution can demonstrate to the satisfaction of the Commission that the lack of graduates does not compromise its ability to demonstrate appropriate learning outcomes.4. The institution's representatives are able to communicate with the Commission in English, both orally and in writing.5. The institution complies with all applicable government (usually Federal and state) policies, regulations, and requirements.6. The institution complies with applicable Commission interregional and inter-institutional policies, such as Separately Accreditable Institutions, Interregionally Operating Institutions, and Related Entities.7. Institutional planning integrates plans for academic, personnel, information resources and technologies, learning resources, and financial development.8. The institution has documented financial resources, funding base, and plans for financial development adequate to support its educational purposes and programs and to assure financial stability. The institution devotes a sufficient portion of its income to the support of its educational purposes and programs.9. The institution's governing body is responsible for the quality and integrity of the institution and for ensuring that the institution's mission is being carried out. It is prepared to declare, in writing, that the institution will make freely available to the Commission accurate, fair, and complete information on all aspects of the institution and its operations.10. The institution has a core of faculty with sufficient responsibility to the institution to assure the continuity and coherence of the institution's programs.

Is the Institution Ready to Apply for Middle States Accreditation?

Even if an institution meets the requirements of affiliation for Commission accreditation as specified above, the institution may not be ready to apply for accreditation at this time. The institution is ready to apply when it meets the following criteria:

- The institution shares Commission members' commitments to quality assurance; continuous improvement; collegiality and peer review; and stability in resources, governance, and leadership.
- The institution already meets most of the accreditation standards described in the Commission's *Characteristics of Excellence*, including the following components of the standards:
 - ◆ an active, autonomous governing body (Standard 4)
 - ◆ a written strategic plan (Standard 7)
 - ◆ a substantial general education or liberal arts component in its undergraduate programs (Standard 12)
 - ◆ documented, organized, and sustained processes to assess the achievement of key goals, including student learning goals (Standards 7 and 14)
- The institutional community can demonstrate the capacity to address any shortcomings and bring the institution into compliance with all remaining accreditation standards in no more than three years.
- The information required in the [Accreditation Readiness Report](#), submitted with the institution's initial application and updated throughout the initial accreditation process, is readily and routinely available.
- The institution has the resources of time and funds required by the accreditation process.

Special Considerations for Institutions Operating Outside the United States

The Commission is now accepting applications only from institutions with degree-granting authority from an appropriate governmental organization within the Middle States region, including Delaware, District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Puerto Rico, and the U.S. Virgin Islands. While the Commission recently completed a pilot project in which it accepted a limited number of applications from institutions with degree-granting authority from a U.S. or foreign government or other agency outside the Middle States region, that project is now closed.

Institutions operating outside the United States should note the following:

- The Commission's policy, "[International Travel by Commission Staff and Volunteers](#)," restricts travel to locations for which the U.S. Department of State has posted a Travel Warning or Public Announcement. Because the accreditation process includes visits to the institution, institutions in areas with Travel Warnings or Public Announcements may not be able to complete the accreditation process successfully.

- The Commission's [Travel Expenses](#) policy allows Commission staff and volunteers to fly in business class to international locations under certain conditions.
- The Commission may need to delay visits to locations outside the United States because of the time required to schedule and conduct them.
- Deviations in the academic calendar from those typically used by American institutions may affect the scheduling of steps in the accreditation process, leading to delays.
- Fees for international visits are higher than for visits to locations in the Middle States region.
- Institutions operating outside the United States may need to provide additional information with their [Accreditation Readiness Reports](#). Such information may include, but is not limited to:
 - ◆ Local forms of governance and control that affect the institution and its operation, including religious, legal, and government restrictions, especially if they differ from those in the United States
 - ◆ Financial practices, audits, budgets, and financial schedules that differ from standard accounting and financial practices in the United States
 - ◆ Degrees and credentials awarded by the institution or accepted for faculty that are different from those commonly awarded by American institutions (for example, three-year bachelor's degrees)
 - ◆ The type of curricular model used by the institution (for example, American or European style)
 - ◆ If applicable, analysis of the institution's capacity to meet the Commission's accreditation standard for general education through alternative means
 - ◆ Relevant regional practices, such as cultural norms, educational systems, and political and economic characteristics

What Are the Steps of the Initial Middle States Accreditation Process?

The Commission's initial accreditation process consists of four phases:

- Phase I: Exploration
- Phase II: Application
- Phase III: Candidate Status
- Phase IV: Accreditation

Within these four phases, there are eight steps, summarized in Table 2 and described in detail in later sections of this handbook. Each step culminates in a decision by the institution or by the Commission on the continuation of the process.

Withdrawing Voluntarily from the Initial Accreditation Process

At any time during the application and candidate phases, an institution may withdraw voluntarily from the Commission's accreditation process. After taking at least one year to review its readiness ([Step 1](#)) and make necessary changes and improvements ([Step 2](#)), the institution may choose to submit a new application ([Step 3](#)), including a new [Accreditation Readiness Report](#), along with an application fee.

How Long Does the Initial Middle States Accreditation Process Take?

The time required to complete all four phases of the accreditation process, from exploration through accreditation, varies widely, depending on how well prepared and equipped the institution is to pursue MSCHE accreditation. For institutions that are exceptionally well-prepared and have at hand the considerable resources needed to meet and demonstrate compliance with MSCHE standards and requirements, the time from submitting the initial application to becoming accredited may be under two and a half years. Other institutions typically find that the process takes considerably longer.

- **Steps 1 and 2 (Deciding Whether to Apply and Whether to Make Institutional Changes)** likely take a minimum of six months of review and analysis by the institution. If the institution needs to make significant institutional changes in order to be ready to submit a successful application, these steps can take several years.
- **Step 3 (Submitting an Application)** usually takes a minimum of seven months: six months or more for the institution to prepare the application, and up to six weeks for the Commission to provide a written response.
- **Step 4 (Commission Staff Visit)** usually takes a minimum of two months for the institution to plan, schedule, and host the visit.
- **Step 5 (Applicant Assessment Team Visit)** usually takes a minimum of nine months for the institution to update the [Accreditation Readiness Report](#) to reflect recent developments and to plan, schedule, and host the visit and for the Commission to act on the [team report](#).
- **Step 6 (Updated Accreditation Readiness Reports and Candidate Progress Visits)** usually take a minimum of 12 months. If the Commission invites the institution to initiate self-study when it grants candidate status, the institution skips Step 6 and moves directly to Step 7.
- **Step 7 (Self-Study and the Evaluation Team Visit)**. Step 7 normally takes institutions 18 to 24 months to complete, although a somewhat accelerated schedule is possible for exceptionally well-prepared institutions that have the considerable resources required to prepare more quickly.
- **Step 8 (Becoming Accredited)** may take up to four months, depending on the date of the Evaluation Team Visit and the date of the next triennial Commission meeting.

Table 2 Overview of the Steps to Accreditation by the Middle States Commission on Higher Education

Phase	Step	Summary of What Happens	Key Decisions	Summary of Typical Actions (See Relevant Chapters for Additional Possibilities.)
Exploration	1. Deciding Whether to Apply	The institution has an information session with an MSCHE staff liaison and decides if it is ready to pursue MSCHE accreditation.	Is the institution ready?	<ul style="list-style-type: none"> ○ If no, the process moves to Step 2. ○ If yes, the process moves to step 3.
	2. Making Any Necessary Institutional Changes	The institution makes any changes necessary to pursue MSCHE accreditation successfully.	Is the institution willing and able to make necessary changes?	<ul style="list-style-type: none"> ○ If no, the institution ends its quest of MSCHE accreditation. ○ If yes, the institution makes necessary changes and then moves to Step 3.
Application	3. Submitting an Application	The institution submits an application, including an Accreditation Readiness Report (ARR), to MSCHE. MSCHE reviews the application.	Is the application complete? Does it demonstrate readiness to continue the accreditation process?	<ul style="list-style-type: none"> ○ If no, MSCHE rejects the application. The institution may choose to return to Step 1 and, at least one year later, reapply (Step 3). ○ If minor revisions to the application are needed to clarify or provide more complete information on the institution's circumstances, MSCHE requests them, and the institution repeats Step 3. ○ If yes, the process moves to Step 4.
	4. MSCHE Liaison Visit	The MSCHE liaison visits the institution to verify that the institution is ready to continue the accreditation process successfully.	Does the institution demonstrate readiness to continue the accreditation process successfully?	<ul style="list-style-type: none"> ○ If no, MSCHE rejects the application. The institution may choose to return to Step 1 and, at least one year later, reapply (Step 3). ○ If minor revisions to the ARR are needed to clarify or provide more complete information on the institution's circumstances, MSCHE requests them, and the institution repeats Step 3. ○ If yes, the process moves to Step 5.
	5. Applicant Assessment Visit	The institution updates the Accreditation Readiness Report. An Applicant Assessment Team visits the institution to determine if the institution is ready to be granted candidate status.	Does the institution meet or demonstrate the potential to meet all standards within three years?	<ul style="list-style-type: none"> ○ If the institution does not demonstrate the potential to meet all standards, MSCHE denies candidate status. The institution may choose to return to Step 1 and, at least two years later, reapply (Step 3). ○ If the institution shows promise to meet all standards eventually, but not within the next three years, MSCHE defers a decision, usually for one year. The institution repeats Step 5. ○ If the institution demonstrates potential to meet all standards within three years, MSCHE grants candidate status. The process moves to Step 6. ○ If the institution now appears to meet all standards, MSCHE grants candidate status and invites the institution to initiate self-study. The process moves to Step 7.

Becoming Accredited

Phase	Step	Summary of What Happens	Key Decisions	Summary of Typical Actions (See Relevant Chapters for Additional Possibilities.)
Candidate Status	6. Updated Accreditation Readiness Reports and Candidate Progress Visits	<p>The institution prepares one or more updated Accreditation Readiness Reports on a schedule set by the Commission. After each report, Candidate Progress Visitors may visit the institution to determine if the institution now meets all standards.</p>	<p>Does the institution show the potential to meet all standards and earn accreditation before the five-year candidate phase ends?</p>	<ul style="list-style-type: none"> ○ If the institution no longer shows the potential to meet all standards before the five-year candidate phase ends, MSCHE launches a Review of Candidate Status (Table 4). ○ If the institution continues to show the potential to meet all standards before the candidate phase ends, MSCHE requests another updated Accreditation Readiness Report. The institution repeats Step 6. ○ If the institution now appears to meet all standards, demonstrates the potential to earn accreditation before the candidate phase ends, and has graduated a class, MSCHE invites the institution to initiate self-study. The process moves to Step 7.
	7. Self-Study and the Evaluation Team Visit	<p>The institution conducts a self-study and hosts an Evaluation Team Visit.</p>	<p>Does the institution meet all standards? If no, does it show the potential to do so before the candidate phase ends?</p>	<ul style="list-style-type: none"> ○ If the institution does not appear to meet all standards or demonstrate potential to do so, MSCHE may request the institution to show cause why it should not be denied accreditation. <ul style="list-style-type: none"> ▪ If the institution does not show cause, MSCHE denies accreditation. The institution may choose to return to Step 1 and, at least two years later, reapply (Step 3). ▪ If the institution successfully shows cause, MSCHE grants accreditation. ○ If the institution does not meet all standards but has the potential to do so before the candidate phase ends, MSCHE defers a decision and requests a monitoring report or self-study and hosts another visit. ○ If MSCHE has insufficient information to substantiate compliance with all standards, MSCHE postpones a decision and requests a supplemental information report. ○ If the institution meets all standards, MSCHE accredits the institution, and the process moves to Step 8.
Accreditation	8. The Newly Accredited Institution	<p>The next Evaluation Team visit is scheduled five years after initial accreditation.</p>		

Federal regulations stipulate that the candidate phase (Steps 6, 7, and 8) may not last longer than five years. Institutions normally have no more than three years of the candidate phase to demonstrate compliance with all accreditation standards (Step 6). This is because candidate institutions must demonstrate initial compliance before the Commission invites them to initiate self-study and host an evaluation team visit that demonstrates ongoing compliance (Step 7), a process that may take up to two years to complete.

What Are the Costs of Initial Middle States Accreditation?

The costs of seeking accreditation by the Middle States Commission on Higher Education include dues, fees, visitors' travel expenses, time spent by the institutional community on accreditation-related activities, and other institutional expenses, as explained in the following sections.

All dues, fees, charges, and travel reimbursements are billed by and payable to the Middle States Association.

Dues and Fees

MSCHE is a private non-profit organization that is financed by dues and fees from its members and applicants. Institutions seeking accreditation by the Commission pay a variety of dues and fees at various points in the process, as described in the Commission's Dues and Fees policy and summarized below. Fees for international institutions are sometimes higher than those for domestic institutions.

Applicants pay the following fees:

- Information Session Fee
- Application Fee
- Commission Liaison Visit Fee, plus travel expenses
- Applicant Assessment Team Visit Fee, plus stipends and travel expenses for team members and Commission staff (typically, but not always, about four people; larger or more complex institutions may require more members)

Candidates pay the following dues and fees:

- Annual Dues
- Candidate Progress Visit Fee, plus stipends and travel expenses for team members and Commission staff (typically, but not always, about two or three people; again, larger or more complex institutions may require more members)
- Review of Candidate Status Team Visit Fee, if applicable, plus stipends and travel expenses for team members and Commission staff (typically, but not always, four people)
- Deposit Against Expenses for the evaluation team visit, following submission of the self-study
- Evaluation Team Visit Fee, plus stipends and travel expenses for team members (typically, but not always, eight people, depending on the size and complexity of the institution)

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- Fees for the Applicant Assessment Team and Evaluation Team to visit branch campuses, additional locations, and study abroad sites, if applicable
- Substantive Change Fee, if applicable

Accredited members continue to pay annual dues, plus applicable fees, as described in the Dues and Fees policy.

Visitors' Travel Expenses

Institutions pay for the travel expenses of all Commission visitors, both volunteers and staff, in accordance with the Commission's statement on [Travel Expenses](#). This includes travel to the institution or site, meals, lodging, and incidental expenses such as tips. International institutions and those with international locations should note that the Commission allows visitors to fly business class to international locations under certain circumstances, as described in the Travel Expenses policy.

Institutions should not reimburse Commission visitors directly. Institutions may arrange and pay directly for flights, local ground transportation, local lodging, and local meals in consultation with their visitors. Otherwise, immediately after a visit, Commission visitors use an expense voucher to report to the Commission all expenses associated with the visit that are not billed directly to the institution including travel costs, meals, lodging, and associated expenses. The Commission reimburses the visitors and submits an invoice to the institution.

Time Spent by the Institutional Community

The hours spent by applicant and member institutions on accreditation-related matters are substantial. Commission accreditation standards call for the institutional community (faculty, students, administrators, and board members) to understand, commit to, and actively support institutional compliance with the standards. Members of the institutional community must plan the institution's activities, handle meeting and communication logistics, conduct research, analyze and discuss information, plan and implement institutional improvements, document initiatives established to comply with Commission standards, and write and edit reports. These activities require significant allocations of human resources.

Other Institutional Expenses

Examples of the other expenses encountered by institutions engaged in accreditation activities include the following:

- Costs of implementing necessary changes and improvements to meet Commission accreditation standards
- Travel by members of the institutional community to conferences and workshops, including those sponsored by Commission
- Consultants, speakers, and facilitators for accreditation-related activities
- Publications on accreditation-related matters
- Technological support to set up and maintain websites and systems to support the accreditation process
- Expenses for duplication, binding, and mailing institutional reports and other materials related to accreditation

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- Travel expenses of institutional board members to attend institutional meetings on accreditation matters
- Refreshments for workshops, retreats, and other meetings

Phase I: Exploration – Deciding Whether to Pursue MSCHE Accreditation

The first phase of the process of becoming accredited is deciding whether the institution should pursue MSCHE accreditation. This exploration phase consists of the following steps, as summarized in [Table 2](#):

- [Step 1](#): Deciding whether to apply
- [Step 2](#): Making any institutional changes necessary to submit a successful application

Step 1. Deciding Whether to Apply

In order to decide whether to apply for MSCHE accreditation, institutions must learn about MSCHE requirements and expectations, analyze the institution's position in light of MSCHE standards, processes, and expectations, and attend an information session with an MSCHE vice president.

Learning about MSCHE Requirements and Expectations

Step 1 in the MSCHE accreditation process (Table 2) is deciding whether to apply. Begin this step by reading the following materials carefully:

- This entire handbook, including sections on:
 - ◆ [“What is the Middle States Commission on Higher Education?”](#)
 - ◆ [“Requirements of Affiliation: Who is Eligible for Middle States Accreditation?”](#)
 - ◆ [“Is the Institution Ready to Apply for Middle States Accreditation?”](#)
- [Characteristics of Excellence](#), which presents the Commission’s accreditation standards
- The [Accreditation Readiness Report](#) template, which lists a number of appendices that must be included with the application

Analyzing the Institution's Position

The next step is to analyze the institution's position in light of the standards, requirements, and expectations presented in these documents. This analysis includes asking the following questions:

- Does the institutional community, including its governing board and any related entities, share Commission members' commitments to quality assurance; continuous improvement; collegiality and peer review; and stability in resources, governance, and leadership?
- How many of the accreditation standards described in [Characteristics of Excellence](#) does the institution now meet? In particular, does the institution now have:
 - ◆ an active, autonomous governing body (Standard 4);
 - ◆ a written strategic plan (Standard 7);
 - ◆ a substantial general education or liberal arts component in its undergraduate programs, if any (Standard 12); and
 - ◆ documented, organized, and sustained processes to assess the achievement of key goals, including student learning goals (Standards 7 and 14)?
- Does the institutional community have the capacity to address any shortcomings and bring the institution into compliance with all remaining accreditation standards in no more than three years?
- How much of the information required in the [Accreditation Readiness Report](#) is already available?
- Does the institution have the considerable resources of time and funds required by the accreditation process?

Required Information Session with a Commission Vice President

If an institution decides that it is interested in pursuing MSCHE accreditation, institutional leaders must schedule an information session before proceeding to Step 2 below. Contact the Commission office to schedule a session. The Commission assigns a vice president to hold this session and subsequently to serve as the institution's liaison.

At the information session, the staff member interviews institutional leaders about the status and circumstances of the institution, helps them decide whether the institution is ready to submit an application, and provides suggestions on steps needed in order to submit a successful application. The session is also an opportunity to discuss any questions and to clarify Commission procedures and expectations.

Step 2. Making Any Necessary Institutional Changes

If, after completing [Step 1](#), an institution decides that it remains interested in applying for MSCHE accreditation, [Step 2](#) in the Commission's accreditation process ([Table 2](#)) consists of making any institutional changes necessary to pursue MSCHE accreditation successfully.

This step begins by identifying any institutional changes that are necessary to pursue MSCHE accreditation successfully. The review conducted in [Step 1](#) should be helpful in this regard.

The next part of this step is deciding whether to make those changes. An institution may decide that it cannot or does not wish to make the kinds of changes needed to pursue MSCHE accreditation successfully. If so, its quest of MSCHE accreditation ends at this step.

If the institution decides to continue to pursue MSCHE accreditation, it should plan and implement any necessary changes and improvements before submitting an application ([Step 3](#)). It is generally wise to allow generous time for this, as the application will need to document and analyze changes and improvements.

Commission Support during Phase I

Institutions exploring whether to pursue MSCHE accreditation are welcome to attend all Commission conferences, institutes, workshops, and training sessions, except those that are by invitation only.

The Commission liaison is available to answer brief questions by telephone or e-mail during Phase I, but the Commission does not have the resources to provide extensive individual consultation to institutions. The Commission liaison cannot prepare the institution's application, review drafts of the institution's application (or any parts of it), or predict Commission actions regarding the institution. Institutions that would like individual consultation are welcome to engage an independent consultant, preferably one with significant and recent experience with MSCHE accreditation, to provide these kinds of services.

The liaison assigned to work with the institution is subject to change. If the assigned liaison changes, the Commission works with the institution to ensure a smooth transition.

Phase II: Application for Candidate Status

Institutions interested in MSCHE accreditation apply for candidate for accreditation status, not for accreditation itself. Candidate status establishes an initial, formal, and publicly recognized relationship with the Commission. It indicates that the institution appears to be progressing toward, but is not assured of, accreditation.

In order to be granted candidate status, the institution must provide evidence and analysis demonstrating beyond a doubt that it currently meets or has the potential to meet all of the Commission's standards for accreditation. The application process requires extensive preparation by the institutional community and includes a thorough self-evaluation in terms of the Commission's standards.

The application process consists of the following steps, as summarized in [Table 2](#):

- [Step 3](#): Submission of application materials by the institution and review of those materials by a Commission liaison
- [Step 4](#): A visit by a Commission liaison to review and discuss the information provided in the application and to assist the institution in preparing for a team visit
- [Step 5](#): An Applicant Assessment Team Visit to determine the institution's readiness for candidate status

Step 3. Submitting an Application for Candidate Status

The application for candidate status consists of the following:

1. A letter of intent, signed by the institution's chief executive officer, stating that the institution is seeking candidate for accreditation status with the Middle States Commission on Higher Education
2. Documentation that the institution's governing board has authorized the application for candidate status and declared that the institution will make freely available to the Commission accurate, fair, and complete information on all aspects of the institution and its operations

3. A signed [Certification Statement](#) certifying compliance with all [requirements of affiliation](#) and, if applicable, all Federal requirements relating to Title IV program participation
4. A complete [Accreditation Readiness Report](#) with all applicable appendices, including those documenting compliance with the [requirements of affiliation](#)
5. The Application Fee as described in the Commission's [Dues and Fees](#) policy

The Commission accepts applications only from institutions that have held an information session with a Commission liaison, as described in [Step 1](#).

Accreditation Readiness Report

The [Accreditation Readiness Report](#), which is for both institutional and Commission use, presents and summarizes documented evidence and analysis of the institution's current or potential compliance with the Commission's accreditation standards.

The institution creates the initial Accreditation Readiness Report by completing a template. The institution then updates the Report as needed throughout the application and candidate phases, as summarized in [Table 2](#).

The Accreditation Readiness Report contains 16 sections: an introduction, one section for each of the Commission's 14 accreditation standards, and a conclusion. The introduction provides an overview of the institution and documents compliance with the [requirements of affiliation](#). For each accreditation standard, the form requests the following:

- Appendices of specific supporting documents as appropriate
- A list of any additional documents that demonstrate the institution's compliance with the standard and its fundamental elements
- A summary of the institution's analysis of the evidence provided in that documentation
- An indication of the level of compliance with the standard indicated by its evidence and analysis
- A description of the institution's plans to come into compliance or improve beyond compliance, as appropriate

The conclusion provides a clear and concise summary of the institution's overall status with regard to compliance with the Commission's accreditation standards. The conclusion also summarizes plans for addressing issues and improving areas in which the institution has indicated that it is not yet in compliance with the standards.

Commission Review of the Application

The Commission liaison reviews and responds in writing to the institution's application within six weeks of receipt. The purpose of the review is to make an initial determination of the institution's capacity to demonstrate sustainable compliance with all Commission accreditation standards within the five-year candidacy phase. The response includes an assessment of the application materials, one of the following actions, and an explanation of the action:

- 1. If the application is complete and demonstrates readiness to continue the accreditation process**, the Commission liaison contacts the institution's chief executive officer to arrange a visit ([Step 4](#)). Neither contact with the Commission's liaison nor compliance with any advice received guarantees that the Commission will grant accreditation to the institution.

2. If minor revisions to the application are needed to clarify or provide more complete information on the institution's circumstances, the Commission liaison requests them and sets a deadline for their receipt, normally no more than four months. The Commission may choose to require the institution to hold an additional information session with a Commission liaison to clarify information in the application.

If extenuating circumstances will prevent the institution from meeting the Commission's deadline for additional information, the institution should contact the Commission liaison immediately to discuss the circumstances and then submit a formal request for an extension of the deadline.

If the institution fails to provide the requested information by the established deadline and has not obtained approval for an extension from the Commission, the Commission considers the institution's application to have lapsed. If the institution wishes to continue the application process after its application has lapsed, it submits a new application and [Accreditation Readiness Report](#), along with an application fee.

3. If the application fails to demonstrate readiness to continue the accreditation process, the Commission's liaison rejects it and provides the institution with an analysis of the application and the reasons for rejection. After taking at least one year to review its readiness ([Step 1](#)) and make necessary changes and improvements ([Step 2](#)), the institution may choose to submit a new application ([Step 3](#)), including a new Accreditation Readiness Report, along with an application fee.

An institution whose application is rejected is welcome to schedule an information session with the Commission liaison to discuss the reasons for the rejection and the changes necessary to submit an acceptable application.

Step 4. Commission Liaison Visit to the Institution

After the Commission determines that the application is acceptable, the Commission liaison, in consultation with the institution, sets a deadline for the Commission Liaison Visit to the institution, no more than six months after the application is reviewed. Neither this action nor the institution's compliance with any Commission advice guarantees that the Commission will grant candidate status to the applicant institution.

If extenuating circumstances will prevent the institution from meeting the Commission's deadline for hosting the Commission Liaison Visit, the institution should contact the Commission liaison immediately to discuss the circumstances and then submit a formal request for an extension of the deadline. If the institution fails to host the Commission Liaison Visit by the established deadline and has not obtained approval for an extension, the Commission considers the institution's application to have lapsed. If the institution wishes to continue the application process after its application has lapsed, it submits a new application and Accreditation Readiness Report, along with an application fee.

The purpose of the Commission Liaison Visit is to review and discuss the information in the Accreditation Readiness Report, confirm the institution's readiness to continue the accreditation process successfully, and discuss the next step of the process, the Applicant Assessment Team Visit. During the daylong visit, the Commission liaison usually meets with the chief executive officer and representative members of the faculty, staff, students, and governing board. The visit also includes a tour of the facilities.

The institution arranges accommodations for the Commission liaison, if needed. Most institutions arrange to have hotel expenses billed directly to them. On occasion, institutions also may arrange and pay for flights, local ground transportation, and local meals in consultation with the Commission liaison. Commission liaisons submit their expenses to the Commission, which reimburses them and submits an invoice to the institution. For more information on expenses associated with the visit and how they are billed and reimbursed, see "[What Are the Costs of Middle States Accreditation?](#)"

Within one month of the visit, the Commission informs the institution's chief executive officer of one of the following actions with an explanation of the action taken.

1. If the visit confirms the institution's readiness to continue the accreditation process successfully, the Commission, in consultation with the institution, sets a time frame for the Applicant Assessment Team Visit ([Step 5](#)), no more than 12 months after the Commission Liaison Visit. Neither this action nor the institution's compliance with any Commission advice guarantees that the Commission will grant candidate status to the applicant institution.

2. If the visit indicates the need for minor revisions to the [Accreditation Readiness Report](#) to clarify or provide more complete information on the institution's circumstances, the Commission requests the revisions and sets a deadline for receipt of a revised Accreditation Readiness Report. The Commission liaison may make an additional visit to verify that the institution is now ready to proceed.

3. If the visit indicates that the institution has not demonstrated readiness to continue the accreditation process successfully, the Commission rejects the application. After taking at least one year to review its readiness ([Step 1](#)) and make necessary changes and improvements ([Step 2](#)), the institution may choose to submit a new application ([Step 3](#)), including a new Accreditation Readiness Report, along with an [application fee](#).

If extenuating circumstances will prevent the institution from meeting the Commission's deadline for submitting additional or revised information (Action #2 above) or hosting the Applicant Assessment Team Visit (Action #3 above), the institution should contact the Commission liaison immediately to discuss the circumstances and then submit a formal request for an extension of the deadline. If the institution fails to provide the requested information or host the Applicant Assessment Team Visit by the established deadline and has not obtained approval for an extension, the Commission considers the institution's application to have lapsed. If the institution wishes to continue the application process after its application has lapsed, it submits a new application and Accreditation Readiness Report, along with an application fee.

Step 5. Applicant Assessment Team Visit

The purpose of the Applicant Assessment Team Visit is to validate the information in the updated Accreditation Readiness Report and determine whether the institution is ready to be granted candidate status by the Commission. Specifically, the team verifies the following:

- The institution continues to meet the Commission's [requirements of affiliation](#) for accreditation.
- The institution has correctly assessed its compliance status and the changes it needs to make in order to address any shortcomings.

- The institution has the capacity to demonstrate compliance with all Commission standards within the three years of the candidate phase preceding self-study; and its plans to address areas not yet in compliance are feasible, realistic, and achievable within this time frame.

The team bases its judgments on careful examination and analysis of institutional issues, strengths, and limitations and the institution's development of clear and feasible plans to address areas of concern, as presented in the [Accreditation Readiness Report](#) and confirmed during the visit.

Preparation for the Visit

Once the institution and the Commission's liaison have established a general timeframe for the visit, the Commission's liaison identifies a chair for the team. The team chair works with the institution's chief executive officer and the Commission's liaison to set the dates for the visit, which typically lasts two to two and a half days. Once the date is set, the Commission's liaison appoints the remaining team members. Applicant Assessment Teams usually consist of two to four members, although teams visiting more complex institutions may be larger. Team members are generally senior administrators at peer—but not competing—institutions and always include a financial reviewer. The Commission liaison usually accompanies the team to provide orientation for the team as well as interpretation and clarification of Commission policies.

The institution arranges accommodations for the team. Most institutions arrange to have hotel expenses billed directly to them. On occasion, institutions may also arrange and pay for flights, local ground transportation, and local meals in consultation with their visitors. All expenses paid by the visitors are submitted to the Commission, which reimburses them and submits an invoice to the institution. For more information on expenses associated with the visit and how they are billed and reimbursed, see "[What Are the Costs of Middle States Accreditation?](#)"

In preparation for the team visit, the institution updates its [Accreditation Readiness Report](#) to reflect recent developments and progress. At least six weeks in advance of the visit, the institution sends one copy of the Report and all appendices to each member of the team. The institution also sends to the Commission office three copies of the report and of those appendices that have changed since the initial Accreditation Readiness Report was submitted. Team members study these materials, [Characteristics of Excellence](#), and relevant Commission policies. They keep detailed notes on their analysis so that, before arriving on campus, they will have identified major strengths and weaknesses, areas of concern, gaps in information, and other useful areas of inquiry.

Schedule for the Visit

In consultation with the team chair, the institution's chief executive officer arranges a schedule for the visit and shares it in advance with team members and the Commission's liaison. Team members usually meet with key administrators, representative faculty and staff members and students, and governing board members. The schedule also includes time for team members to tour the facilities, review institutional documents, and confer as a team.

Before or during the visit, at least one member of the Applicant Assessment Team visits branch campuses and additional locations, if any, as follows:

- All branch campuses operated by the institution must be visited.
- If the institution operates one or two additional locations, all of them must be visited.

- If the institution operates three or more additional locations, a representative sample of them, at least one third but under no circumstances no less than three, must be visited. The Commission reserves the right to visit a larger number of additional locations. The team chair determines which additional locations will be visited, in consultation with the institution's chief executive officer.
- If the institution operates any additional locations outside the United States, at least one such additional location must be visited. The Commission reserves the right to visit a larger number of international locations. The team chair determines which international additional location(s) will be visited, in consultation with the institution's chief executive officer.
- If the institution operates an extensive study abroad program, a representative sample of study abroad locations may need to be visited.

For definitions of branch campuses and additional locations, see the Commission's "[Substantive Change](#)" policy.

Drafting the Team Report

At the end of its visit, the team drafts its [report](#) to the institution and the Commission. Both the institution and the Commission are best served by a [team report](#) that is candid, honest, clear, and forthright in its appraisal of the institution's strengths and weaknesses and its potential to comply with Commission standards. In the report, the team:

- summarizes its findings;
- indicates clearly whether, in the team's judgment, the institution has met or has the potential to meet each of the Commission's accreditation standards;
- identifies institutional strengths and commendations, as appropriate; and
- offers recommendations and suggestions to achieve or strengthen institution compliance with Commission standards.

The team's recommendations will guide the institution's progress during its candidate phase, or its efforts to prepare for reapplication in the future, should the Commission not grant candidate status.

At this time, the team also decides on the action it will recommend to the Commission regarding granting the institution candidate status. **The team does not share this recommendation with the institution.**

Oral Exit Report

Before leaving the campus, the team or team chair meets with the institution's chief executive officer to share the key findings of the draft [team report](#). The team then meets with institutional representatives for an oral exit report in which the team chair conveys the substance of the draft team report. The chief executive officer is encouraged to invite members of the campus community to hear the oral exit report.

In the oral exit report, the team chair conveys the team's conclusions about the institution's compliance with the Commission's standards and its plans for improvement, along with the team's key commendations, recommendations, and suggestions. The oral exit report must not differ materially from the draft team report and should be equally candid, honest, clear, and forthright.

Under no circumstances does the team chair or any other team member share with the institution the action that the team is recommending to the Commission regarding granting candidate status. The team's recommendation is only the first step in the [peer review process](#) and is subject to change.

Finalizing the Team Report

Within 10 working days after the visit, the chair of the visiting team completes the draft [team report](#) and sends it to the institution's chief executive officer. The report must not differ materially from the oral exit report. **As with the oral exit report, the report does not include the action that the team is recommending to the Commission regarding granting candidate status.**

The institution reviews the draft report and, within one week, notifies the team chair only of any errors of fact. Within 10 working days of receiving the institution's corrections, if any, the team chair sends one copy of the final report to the institution's chief executive officer and to each team member and three copies to the Evaluation Services Coordinator at the Middle States Commission office. E-mailed reports may be acceptable, upon consultation with the Commission's liaison.

Institutional Response to the Team Report

Within 10 working days of receiving the final team report from the chair, the institution's chief executive officer submits to the Commission a formal institutional response to the team report. The response is a letter addressed to the Commission on Higher Education, in care of the Commission President. The institution mails the original and two copies of the response to the Evaluation Services Coordinator at the Middle States Commission office. An e-mailed institutional response may be acceptable upon consultation with the Commission's liaison.

The institutional response should be brief, thoughtful, and forthright. It should focus on major specific issues, such as significant differences with perceptions and/or interpretations, rather than minor points of disagreement. Additional information, or analyses that differ from those of the team, may be helpful to the Commission.

If the Commission does not receive the institutional response when it is due, the Commission may choose not to act on the assessment [team report](#) or to act without the institutional response.

Chair's Brief

Immediately following completion of the [team report](#), the Chair prepares a [confidential brief](#) using a template. The chair submits the brief only to the Commission, addressed to the Evaluation Services Coordinator at the Middle States Commission office. An e-mailed report may be acceptable, upon consultation with the Commission's liaison.

The brief, which should be no more than a few pages long, summarizes and interprets the team report, including the team's recommendations, and presents the action that the team proposes to the Commission. The team report and the institutional response will be available to Commissioners, so the brief should summarize rather than repeat the team report. It cannot substantively alter the content or tone of the team report. **It must address only the information included in the team report and any developments since then to which the institution has been offered a documented opportunity to respond.**

The team recommendation for Commission action must state explicitly whether the team is recommending that the Commission grant candidate status. If the team recommendation is negative, the brief must set forth specific reasons for that determination and support those reasons with appropriate documented evidence.

Commission Decision on the Application for Candidate Status

The date on which the Commission acts on the application for candidate status depends on the date that the final report of the Applicant Assessment Team, the chair's brief, and the institutional response are received in the Commission office. All materials must be received by October 1 for action at the Commission's November meeting, by December 1 for action at its March meeting, or by April 1 for action at its June meeting. Following the Commission's peer review accreditation process, the Committee on Follow-up Activities and Candidate Institutions considers these materials and recommends an action to the Commission.

The Commission then takes one of the following actions and notifies the institution's chief executive officer in writing of its action:

- 1. If the institution appears to demonstrate initial compliance with all accreditation standards**, the Commission grants candidate for accreditation status and invites the institution to initiate a comprehensive self-study ([Step 7](#)). (The institution will demonstrate sustained compliance with all standards and continual improvement through the self-study process in Step 7.)
- 2. If the institution demonstrates potential to meet all accreditation standards within three years**, the Commission grants candidate for accreditation status, requests one or more updated [Certification Statement](#) and, as appropriate, directs Candidate Progress Visits ([Step 6](#)). The visits typically focus on those standards with which the institution has not yet demonstrated compliance, although all standards are subject to review during every visit.
- 3. If the institution shows promise to meet all standards eventually, but not within the next three years, or if the team has insufficient information to determine whether the institution is ready for candidate status**, the Commission defers a decision on candidate status for up to one year and directs the submission of an updated Accreditation Readiness Report and another Applicant Assessment Team Visit.
- 4. If the institution does not meet all requirements of affiliation and/or does not demonstrate potential to meet all accreditation standards**, the Commission denies candidate for accreditation status and sets forth the reasons for its action. After taking at least two years to review its readiness ([Step 1](#)) and substantially improve the areas of concern identified in the Commission action ([Step 2](#)), an institution denied candidate status may choose to submit a new application ([Step 3](#)), including a new Accreditation Readiness Report, along with an application fee.

Commission Support During Phase II

The [Commission support available during Phase I](#) also is available to institutions preparing applications ([Step 3](#)). During Phase II, the Commission liaison is available to answer questions as the institution prepares for the Commission Liaison Visit and the Applicant Assessment Visit.

Commission liaison advice is not part of the peer review process used to make accreditation decisions, so an institution's compliance with Commission liaison advice does not guarantee that the Commission will grant accreditation to the institution.

Expectations for Applicant Institutions

During the application phase, the institution does not have a formal recognized relationship with the Commission. The Commission expects institutions to comply with the following:

- The institution may not refer in institutional publications to its application or contacts with the Commission. For more information, see the Commission's policy statement, [Advertising, Student Recruitment, and Representation of Accredited Status](#);
- The application and all other communications with the Commission should reflect a thorough understanding of [Characteristics of Excellence](#) and all other relevant Commission publications and policies; and
- The institution complies fully, in a timely fashion, with all Commission directions during the application process, including submitting updated [Accreditation Readiness Reports](#) and hosting [visits by Commission liaisons](#).

Phase III: Candidate for Accreditation Status

Institutions ordinarily remain in candidate for accreditation status for at least one year and, by Federal regulation, under no circumstances for longer than five years. Candidates for accreditation are eligible to vote on Commission policies and to participate in the nomination and election of Commissioners. They may also be eligible to participate in the U.S. Department of Education's Title IV programs, as applicable.

While they are candidates for accreditation, institutions submit updated [Accreditation Readiness Reports](#) on a calendar determined by the Commission, usually in intervals of four to six months. The Commission may direct that the reports be followed by Candidate Progress Visits to validate the information in the reports. These reports and visits continue the consistent dual focus on Commission accreditation standards and continuous improvement that began with the initial application. The reports, visits, and Commission reviews all guide and monitor the institution's progress toward compliance with the Commission's standards. These activities thereby prepare the institution to undertake a self-study that successfully demonstrates both compliance with all standards and institutional improvement.

When the Commission determines that the updated Accreditation Readiness Reports and (if applicable) Candidate Progress Visits appear to demonstrate institutional compliance with all Commission accreditation standards, the Commission invites the institution to initiate self-study in preparation for an evaluation team visit for initial accreditation. The key differences between the Accreditation Readiness Report and the self-study and between the Applicant Assessment Team Visit and the evaluation team visit are explained in [Step 7](#).

Because the self-study process and evaluation team visit normally take 18 to 24 months to complete, institutions generally have no more than three years of the maximum five-year candidate phase to demonstrate compliance with Commission accreditation standards.

Step 6. Updated Accreditation Readiness Reports and Candidate Progress Visits

If the Commission does not invite an institution to initiate self-study when it grants candidate status, it requests one or more updated [Accreditation Readiness Reports](#), with the first usually due in about six months and others due in intervals of four to six months. The Commission also may direct that Candidate Progress Visits follow one or more of the reports to validate the information in them.

If the institution's operations, status, or conditions change significantly after it is granted candidate status, or if the institution does not appear to be progressing satisfactorily toward accreditation, the Commission may direct a [Review of Candidate Status](#).

Updated Accreditation Readiness Reports

Updated [Accreditation Readiness Reports](#) show the progress made since the Applicant Assessment Team Visit or the previous updated report in complying with each of the Commission's accreditation standards.

For the Commission's requirements of affiliation and those standards with which the Applicant Assessment Team or prior Candidate Progress Visitors found the institution to be in compliance, the report should describe any further developments since the team visit.

For those standards that the team found the institution to have the potential to meet, the report should provide and analyze evidence of progress toward full compliance. If the report does not document full compliance at this time, the report should provide plans to achieve compliance. These plans should be feasible, realistic, and achievable within the remainder of the candidate phase preceding self-study.

Appendices should be attached only if they have changed since the last report was submitted.

Candidate Progress Visits

The Commission may direct that updated Accreditation Readiness Reports be followed by Candidate Progress Visits. The extent of progress that an institution needs to make to come into compliance with the Commission's accreditation standards determines whether, what kind of, and how many Candidate Progress Visits are needed.

The purpose of Candidate Progress Visits is to validate the information in the latest Accreditation Readiness Report and to evaluate the institution's progress in complying with the Commission's accreditation standards. Specifically, the visitors verify the following:

- The institution continues to meet the Commission's [requirements of affiliation](#) for accreditation;
- The institution has correctly assessed its compliance status and the changes it needs to make in order to address any shortcomings;
- The institution's plans to address areas not yet in compliance are feasible, realistic, and achievable within the remainder of the candidate phase preceding self-study; and
- The institution has the capacity to demonstrate compliance with all Commission standards within the remainder of the candidate phase preceding self-study; and its plans to address areas not yet in compliance are feasible, realistic, and achievable within this time frame.

Candidate Progress Visitors are one or more of the Commission's peer evaluators. The specific purpose, focus, and timing of Candidate Progress Visits and the expertise of Candidate Progress Visitors vary according to the Commission actions directing the visits. A team of Candidate Progress Visitors may visit a candidate institution to address several standards, while a single Candidate Progress Visitor may visit the institution to focus on just one or two standards. An institution may receive visits from different kinds of Candidate Progress Visitors, with different purposes, throughout the candidate phase, or it may receive repeat visits from the same visitor(s). Because the institution's compliance with all standards is reviewed during every visit, sometimes a "generalist" visitor may accompany a visitor with expertise in one

or more particular standards. The Commission liaison may accompany Candidate Progress Visitor(s).

Candidate Progress Visitors may visit concurrently or separately. A Candidate Progress Visitor addressing Standard 10 (Faculty) might visit during the academic year, for example, while a Candidate Progress Visitor addressing Standard 3 (Resources) might visit after the end of the fiscal year.

The Commission may direct a visit by its liaison to discuss the Commission's processes and expectations. Institutions also are welcome to request such a visit (see [Dues and Fees](#) policy).

Candidate Progress Visits follow the general organization and structure of the [Applicant Assessment Team Visit](#), although they may be shorter and involve fewer meetings. The Candidate Progress Visitor (or team chair, if there is a team of Candidate Progress Visitors) prepares a [report](#) using a template. The institution prepares a response following the guidelines for the [institutional response to the Applicant Assessment Visit Team report](#). The Chair then prepares a [confidential brief](#) using a template and submits it only to the Commission. The institution's updated [Accreditation Readiness Report](#), the Candidate Progress Visitors' report, the institutional response, and the confidential brief are reviewed by the Commission's Committee on Follow-up Activities and Candidate Institutions and by the Commission, which takes one of the following actions:

- 1. If the institution meets all of the Commission's accreditation standards and demonstrates the potential to earn accreditation before the end of the candidate phase**, the Commission invites the institution to initiate self-study and the institution proceeds to [Step 7](#). The Commission may choose not to invite a candidate institution to initiate self-study until its first class has graduated. This is because the evaluation team visit normally takes place after the institution has graduated at least one class that has completed its full degree program, unless the institution can demonstrate to the satisfaction of the Commission that the lack of graduates does not compromise its ability to demonstrate appropriate learning outcomes.
- 2. If the institution continues to show the potential to meet the standards within the first three years of the candidate phase**, the Commission requests another updated Accreditation Readiness Report and may direct a Candidate Progress Visit.
- 3. If the institution no longer shows potential to meet the standards within the first three years of the candidate phase**, the Commission launches a [Review of Candidate Status](#).

Substantive Change

While the decision to modify an institution is an institutional prerogative and responsibility, the Commission is obligated to determine the effect of any substantive change on the quality, integrity, and effectiveness of the institution. Substantive changes may include, but are not limited to, new degree levels, online programs, additional locations and branch campuses, and change of ownership.

Any candidate or accredited institution contemplating a substantive change must submit a Substantive Change request to the Commission. Table 3 provides an overview of the process. For additional information, consult the Commission's "[Substantive Change](#)" policy for additional information.

<div style="display: flex; align-items: center;"> <div style="background-color: #4a5568; color: white; padding: 5px; margin-right: 10px; text-align: center;"> Table 3 </div> <div style="text-align: center;"> The Substantive Change Process </div> </div>		
What Happens	Decision	Actions
<p>The institution plans a substantive change (e.g., new degree levels, distance learning programs, additional locations, change of ownership) and submits a Substantive Change request.</p>	<p>Is the proposed substantive change acceptable?</p> <p>Does it materially affect the institution's capacity to earn accreditation before the candidate phase expires?</p>	<ul style="list-style-type: none"> ○ If no to the first question, MSCHE rejects the substantive change. <ul style="list-style-type: none"> ▪ MSCHE may launch a Review of Candidate Status (Table 4). ▪ If MSCHE does not launch a Review of Candidate Status, the institution returns to its current step in the process (Table 2). ○ If yes to both the first and second questions, MSCHE postpones a decision on the substantive change and launches a Review of Candidate Status (Table 4). ○ If yes to the first question and no to the second, MSCHE approves the substantive change, and the institution returns to its current step in the process (Table 2).

The Commission's Committee on Substantive Change reviews the Substantive Change request to determine if the proposed substantive change is acceptable and if it materially affects the institution's capacity to earn accreditation before the candidate phase expires. The Commission then takes one of the following actions:

1. If the Commission determines that the proposal is acceptable and does not affect the institution's capacity to earn accreditation, the Commission acts to acknowledge receipt of the proposal and to include the change within the scope of the institution's candidate status.
2. If the Commission determines that the proposal is acceptable, but it materially affects the institution's capacity to earn accreditation before the candidate phase expires, the Commission postpones a decision on the substantive change and launches a [Review of Candidate Status](#).
3. If the Commission determines that the proposal is not acceptable, it may reject the proposal.

Review of Candidate Status

The Commission may direct a Review of Candidate Status if there has been any significant change in the operations, status, or conditions on which the institution was admitted to candidate status or if the candidate institution does not appear to be progressing satisfactorily towards accreditation. Examples of significant changes include, but are not limited to, [Substantive Changes](#), changes in the institution's financial condition or prospects, and significant change in enrollment or in the number of programs. The purpose of the review is to determine whether the institution continues to have the capacity to earn accreditation before the candidate phase expires. If the Review of Candidate Status determines that the institution no longer has the capacity to demonstrate compliance with even one of the Commission's accreditation standards or requirements of affiliation, the Commission may commence actions to remove candidate status.

The Review of Candidate Status process, summarized in Table 4, consists of submission of an updated [Accreditation Readiness Report](#) and a visit by a Candidate Status Review Team. The Candidate Status Review Team Visit follows the organization and structure of the Applicant Assessment Team Visit described earlier, although it may be shorter and/or more focused.

<div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 5px; text-align: center; width: 50px; font-weight: bold; font-size: 24px; margin-right: 10px;"> Table 4 </div> <div style="text-align: center;"> The Process for Review of Candidate Status </div> </div>		
What Happens	Decision	Actions
MSCHE launches a Review of Candidate Status, in which the institution submits an updated Accreditation Readiness Report and hosts a Candidate Status Review Visit.	Does the institution demonstrate potential to earn accreditation before the candidate phase ends?	<ul style="list-style-type: none"> ○ If no, MSCHE may request the institution to show cause why its candidate status should not be removed. <ul style="list-style-type: none"> ▪ If the institution does not show cause, MSCHE removes candidate status. The institution may choose to return to Step 1 (Table 2) and, at least two years later, reapply (Step 3). ▪ If the institution successfully shows cause, MSCHE reaffirms candidate status and the institution reenters to its current step in the process (Table 2). ○ If MSCHE has insufficient information to determine potential to earn accreditation, MSCHE postpones a decision and requests a supplemental information report. ○ If yes, MSCHE reaffirms candidate status and the institution returns to its prior step in the process (Table 2).

The Candidate Status Review Team chair prepares a [team report](#) using a template. The institution prepares a response following the guidelines for the [institutional response to the Applicant Assessment Team report](#). The chair then prepares a [confidential brief](#) using a template and submits it only to Commission. The Committee on Follow-Up Activities and Candidate Institutions reviews the team report, the chair’s confidential brief, and the institutional response. The Committee recommends an action to the full Commission, which may take one of the following actions:

1. **If the institution continues to demonstrate the potential to earn accreditation before the candidate phase expires**, the Commission reaffirms candidate status. It requests another updated Accreditation Readiness Report and may direct another Candidate Progress Visit, as appropriate.
2. **If the Commission has insufficient information** to substantiate the institution’s capacity to come into compliance with one or more accreditation standards before the candidate phase expires, the Commission postpones a decision on continued candidate status and requests a supplemental information report. Supplemental information reports are intended only to allow the institution to provide further information, not to give the institution time to formulate plans or initiate remedial actions.

3. If the institution no longer demonstrates the potential to earn accreditation before the candidate phase expires, the Commission may require the institution to show cause, within a limited period, as to why its status as a candidate for accreditation should not be removed. A show cause order requires an institution to present its case for continued candidate status by means of a substantive report and an on-site evaluation. The Commission specifies the nature, purpose, and scope of the information to be submitted and of the evaluation visit to be made.

Following a show cause action, the Commission either reaffirms candidate status or removes candidate status from the institution. The Commission removes candidate status if it lacks evidence that the institution has the capacity to demonstrate compliance with all accreditation standards by the end of the candidate phase. After taking at least two years to review the institution's readiness ([Step 1](#)) and substantially improve the areas of concern identified in the Commission action ([Step 2](#)), an institution removed from candidate status by the Commission may choose to reapply ([Step 3](#)).

Step 7. Self-Study and the Evaluation Team Visit

The final step of the candidate phase is an institutional self-study in preparation for an evaluation team visit for initial accreditation. As noted earlier, a candidate institution is invited by the Commission to initiate self-study when the institution, the Commission liaison, the Committee on Follow-up Activities and Candidate Institutions, and the Commission itself agree that, based on the preliminary judgments of the Applicant Assessment Team and/or Candidate Progress Visitors, the institution appears to be in compliance with all Commission standards and ready to self-study. The Commission may choose to invite an institution to initiate self-study at the same time that it grants candidate status.

The self-study report resembles the Accreditation Readiness Report in that it documents and analyzes evidence demonstrating that the institution meets the Commission's standards. The self-study report differs from the Accreditation Readiness Report in several significant respects, however:

- The self-study process leading to preparation of the report is a more complex process than the process of preparing the Accreditation Readiness Report, and it involves the whole institution.
- The self-study report is more comprehensive, extensive, and analytical than the Accreditation Readiness Report.
- Because it is normally completed at least one year after the last Accreditation Readiness Report, the self-study demonstrates the institution's capacity not only to meet the Commission's standards but also to sustain compliance over time.
- While the Accreditation Readiness Report focuses on institutional compliance with the standards, the self-study report also demonstrates that the institution engages in the continuous institutional self-improvement that is the hallmark of an institution accredited by the Middle States Commission on Higher Education.

The evaluation team that visits after the self-study is submitted likewise differs in some significant respects from the Applicant Assessment Team and Candidate Progress Visitors. The evaluation team is larger and makes a longer visit than the Applicant Assessment Team or Candidate Progress Visitors. It is, therefore, capable of conducting a more thorough analysis of the institution's compliance with the standards. The evaluation team's purpose is to verify the

findings of the self-study and the preliminary judgments of prior Commission visitors, with a focus on both the institution's compliance with Commission accreditation standards and the institution's emphasis on continuous improvement beyond minimum compliance with the standards.

Candidate institutions invited to initiate self-study begin the process followed by accredited institutions and described in detail in [Self-Study: Creating a Useful Process and Report](#). The institution sends representatives to the Commission's Self-Study Institute to learn about the self-study process; it prepares a self-study design; it hosts a self-study preparation visit by its Commission liaison; and it researches and writes an institutional self-study report. With the approval of its Commission liaison, an institution may initiate its self-study process before sending representatives to the Self-Study Institute.

While the Self-Study handbook presents several self-study models, candidate institutions must use the Comprehensive model, as the other self-study models, including the one for collaborative visits with other accrediting organizations, are not appropriate for candidate institutions.

While conducting the self-study, the institution continues to meet the [expectations for candidate institutions](#), and it continues to progress in its level of compliance with the Commission's standards. Its Commission liaison may request updates to the [Accreditation Readiness Report](#), if warranted. The Commission reserves the right to direct Candidate Progress Visits and/or Review of Candidate Status during the self-study period.

The self-study report is the basis for an evaluation visit to the institution by a team of peer evaluators, as described in [Team Visits: Conducting and Hosting an Evaluation Visit](#). The team makes [a report](#) to the institution and a recommendation to the Commission concerning the institution's accreditation. The Commission's Committee on Evaluation Reports reviews the self-study report, the [visiting team's report](#), the team chair's [confidential brief](#), and the institution's formal response to the team report. The Committee considers the team's recommendation regarding the institution's accreditation and forwards its own recommendation to the Commission. The Commission then takes one of the following actions:

- 1. If the institution demonstrates compliance with all accreditation standards**, the Commission grants accreditation and notifies the institution of the date of its next evaluation team visit in five years. The Commission may request one or more follow-up reports, perhaps followed by small team visits, to assure ongoing compliance with one or more standards.
- 2. In some cases, if there is time remaining in the candidate phase and the Commission has insufficient information** to substantiate compliance with one or more accreditation standards, the Commission postpones a decision on accreditation and requests a supplemental information report. Supplemental information reports are intended only to allow the institution to provide further information, not to give the institution time to formulate plans or initiate remedial actions.
- 3. In some cases, if the institution fails to demonstrate compliance with one or more accreditation standards, but there is time remaining in the candidate phase and the institution continues to demonstrate the potential to meet the standards within that period**, the Commission may defer a decision on accreditation and request that the institution submit a monitoring report or a new self-study and host another visit before the end of the candidate phase.

4. If the institution fails to demonstrate compliance with one or more accreditation standards and the potential to earn accreditation before the candidate phase expires, the Commission may require the institution to show cause, within a limited period, as to why it should not be denied accreditation and removed from candidate status. A show cause order requires an institution to present its case for accreditation by means of a substantive report and an on-site evaluation. The Commission specifies the nature, purpose, and scope of the information to be submitted and of the evaluation visit to be made.

Following a show cause action, the Commission either grants accreditation, denies accreditation, or removes candidate for accreditation status from the institution. The Commission denies accreditation or removes candidate status if it lacks evidence that the institution has the capacity to demonstrate compliance with all accreditation standards by the end of the candidate phase. After taking at least two years to review the institution's readiness ([Step 1](#)) and substantially improve the areas of concern identified in the Commission action ([Step 2](#)), an institution that is denied accreditation or removed from candidate status may choose to submit a new application ([Step 3](#)), including a new [Accreditation Readiness Report](#), along with an application fee.

Commission Support During Phase III

The Commission liaison assists the institution in its progress toward accreditation by reviewing the institution's updated Accreditation Readiness Reports, making visits as necessary, and in some cases accompanying Candidate Progress Visitors.

As noted earlier, the Commission makes accreditation decisions through a process of peer review. An institution's compliance with a Commission liaison's advice thus does not guarantee that the Commission will grant accreditation to the candidate institution.

Expectations for Candidate Institutions

The institution is expected to comply with the following during the candidate phase:

- The institution may refer to its candidate status in institutional publications. The following statement must be used:

(Name of Institution) is a candidate for accreditation by the Middle States Commission on Higher Education, 3624 Market Street, Philadelphia, PA 19104, telephone (267) 284-5000, e-mail info@msche.org. The Commission granted (Name of Institution) candidate for accreditation status on (date of Commission action).

Candidate for Accreditation is a status of affiliation with the Middle States Commission on Higher Education that indicates that the institution has achieved initial recognition and is progressing toward, but is not assured of, accreditation. (Name of Institution) has provided evidence that it meets all or nearly all of the Commission's standards for accreditation, and that it appears to have the potential to be granted accreditation by (five years after date of Commission action granting candidate status).

For more information, see the Commission's [Advertising, Student Recruitment, and Representation of Accredited Status](#) policy.

Becoming Accredited

- The institution files the annual Institutional Profile required of all member institutions, along with a copy of the institution's annual external financial audit and management letter.
- When appropriate, the institution submits [requests for approval of substantive changes](#) as defined in the Commission's [Substantive Change](#) policy.
- The institution designates a member of its staff to serve as [Accreditation Liaison Officer](#) (ALO) and to facilitate communication with the Commission.
- The institution pays annual [dues and fees](#).

Phase IV

Accreditation

Step 8. The Newly Accredited Institution

A newly accredited institution benefits from MSCHE accreditation in the ways described in the [introduction](#) to this handbook. The institution may represent its accredited status in its publications in accordance with the Commission's [Advertising, Student Recruitment, and Representation of Accredited Status](#) policy. Individuals from member institutions are eligible to serve as Commissioners and as peer reviewers, serving on Commission evaluation teams and committees.

As an accredited member of the Middle States Commission on Higher Education, the newly accredited institution continues its ongoing, sustained process of review, analysis, and self-improvement. It immediately begins to review and address recommendations made in the initial accreditation process, including those the institution made to itself in the self-study and those made by the evaluation team. It also carefully considers any collegial suggestions offered by the team, although it is not obligated to act on them.

When the Commission grants initial accreditation, it may also request one or more follow-up reports, perhaps followed by small team visits, to assure ongoing compliance with one or more standards. Again, the newly accredited institution immediately begins work on making the changes and improvements that will be documented in these reports.

When the Commission grants initial accreditation, it indicates the date of the next evaluation, which will be five years after the date of the initial accrediting action. Beginning three years after initial accreditation, the institution begins another [self-study](#) using the Comprehensive self-study model. The other self-study models, including the one for Collaborative visits with other accrediting organizations, are not appropriate for newly accredited institutions. This self-study examines the institution's compliance and ongoing improvement with respect to all 14 Commission accreditation standards. The self-study also addresses recommendations made in the initial self-study and by the initial evaluation team.

Approximately five years after initial accreditation, the second self-study process culminates with a visit by another [evaluation team](#). The team reviews the self-study, analyzes the institution's compliance with the Commission's accreditation standards, and recommends an accreditation action to the Commission, following the process of the initial evaluation team visit. Once this second evaluation process concludes with a Commission action to reaffirm accreditation, the newly accredited institution enters the regular decennial accreditation cycle.

Becoming Accredited

The [Periodic Review Report](#) is due five years after the Commission reaffirms accreditation. The Periodic Review Report provides information on institutional developments since the last evaluation team visit, institutional responses to recommendations made in the last self-study and by the last evaluation team, and information on the institution's financial status and its planning and assessment processes.

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