HLC Pathways for Reaffirmation of Accreditation

The Open Pathway

Inside This Booklet

Higher Learning Commission
A commission of the North Central Association

The Higher Learning Commission
North Central Association

230 S. LaSalle St., Suite 7-500, Chicago, IL 60604
800-621-7440 • www.ncahlc.org

HLC Pathways for Reaffirmation of Accreditation:

The Open Pathway

Background

The Higher Learning Commission (HLC) maintains processes for determining eligibility for accreditation, for achieving candidacy status, for achieving initial accreditation, and for maintaining accreditation. The Commission currently offers two programs for maintaining accreditation: the Program to Evaluate and Advance Quality (PEAQ) and the Academic Quality Improvement Program (AQIP). In September 2012, the Commission begins a three-year transition during which PEAQ will be replaced by two new Pathways, the Standard Pathway and the Open Pathway. This document describes the Open Pathway.

The transition timeline is provided in Section 2. A companion document describes the Standard Pathway. (AQIP has been in operation since 1999. It will continue as another pathway for maintaining accreditation and will remain substantially unchanged for the foreseeable future. A description may be found at http://www.ncahlc.org/AQIP/AQIP-Home/.)

Introduction

Regional accreditation assures quality by verifying that an institution (1) meets threshold standards and (2) is engaged in continuous improvement. In PEAQ, these requirements are addressed through the self-study and subsequent campus visit. Both the self-study and visit are shaped primarily by the Criteria for Accreditation rather than by the institution's particular needs at a particular time. For many institutions, this is reasonable and appropriate. For an institution where the threshold standards are in little doubt, however, this approach may add only modestly to the institution's improvement. Furthermore, in a time of rapid change, the public has grown skeptical of quality assurance for any institution that appears to look at the institution only once every ten years. The new Pathways for maintaining accreditation seek to offer greater value to institutions and greater credibility to the public.

Both the Standard and Open Pathway feature: a ten-year cycle, a focus on both assurance and improvement, Assurance Reviews in Years 4 and 10, and the use of the HLC electronic Assurance System. All Commission Pathways require: annual filing of the Institutional Update (formerly known as the Annual Institutional Data Update or AIDU), annual monitoring of financial and non-financial indicators, and adherence to Commission policies and practices on institutional change.

Section 1.
The Open Pathway

Overview

The Open Pathway seeks to achieve the following goals.

- To enhance institutional value by opening the improvement aspect of accreditation so that institutions may choose Quality Initiatives to suit their current circumstances
- To reduce the reporting burden on institutions by utilizing as much information and data as possible from existing institutional processes and collecting them in electronic form as they naturally occur over time
- To enhance rigor by checking institutional data annually (Institutional Update) and conducting Assurance Reviews twice in the ten-year cycle
- To integrate as much as possible all HLC processes and HLC requests for data into the reaffirmation of accreditation cycle.

Factors in Determining Participation in the Open Pathway

The Commission determines whether an institution may participate in the Open Pathway. This determination is based upon the institution's present condition and past relationship with the Commission. An institution may participate in the Open Pathway if it:

- has been accredited for at least ten years;
- has not undergone a change of control, structure, or organization within the last two years;
- has not been under Commission sanction or related action within the last five years;
- does not have a history of extensive Commission monitoring, including accreditation cycles shortened to seven or fewer years, multiple monitoring reports, and multiple focused visits extending across more than one accrediting cycle;
- has not been undergoing dynamic change (e.g., significant changes in enrollment or student body, opening or closing of multiple locations or campuses) or requiring frequent substantive change approvals since the last comprehensive evaluation;
- it has not raised significant Commission concerns about circumstances or developments at the institution (e.g., ongoing leadership turnover, extensive review by a governmental agency, patterns identified in financial and non-financial indicators).

If conditions at the institution change in relation to these factors or the institution fails to make a genuine effort at its Quality Initiative, it may be moved to the Standard Pathway for the next cycle.

Assurance and Improvement in the Open Pathway

The Open Pathway separates the continued accreditation process into two components: the Assurance Review and the Quality Initiative.

- Two Assurance Reviews take place in the ten-year cycle; one in Year 4 and one in Year 10. The Year 4 review occurs asynchronously via the Commission's online Assurance System and without a visit. The Year 10 review also is conducted with the Assurance System but includes a visit to the campus, as noted below. No change requests may be combined with the Year 4 review; all change requests at Year 4 are evaluated separately through the Commission's change process.
- Between Years 5 and 9 of the ten-year cycle, the institution proposes and completes a Quality Initiative. The Assurance Reviews free the Quality Initiative to focus on institutional innovation and improvement. The institution undertakes a Quality Initiative as something it elects to suit its own purposes. Its timeframe is flexible to accommodate the amount of time necessary to complete or make substantial progress toward completion.
- In Year 10, the institution undergoes a comprehensive evaluation.

Comprehensive Evaluation

A comprehensive evaluation takes place in Year 10 of the ten-year Open Pathway accreditation cycle. The components of the comprehensive evaluation in the Open Pathway are these:

- An Assurance Review
- A review of Federal Compliance
- An on-site visit
- If applicable, a multi-campus review

In the comprehensive evaluation, peer reviewers determine whether the institution continues to meet the Criteria for Accreditation by analyzing the institution's Assurance Filing (Assurance Argument and Evidence File); a preliminary analysis is followed by a campus visit. The purposes of the visit are to validate claims made in the institution's Assurance Filing and to triangulate those materials with what the team finds during planned activities while on site.

All comprehensive evaluations include a review of whether the institution meets the Federal Compliance Requirements. (Information on the Commission's Federal Compliance Program can be found at http://www.ncahlc.org/Information-for-Institutions/federal-compliance-program.html.) In addition, comprehensive evaluations include visits to branch campuses as applicable. Comprehensive evaluations may include change requests that the institution wishes to have considered, but only if a request requires a visit to the institution. If a change request does not require a visit, it is evaluated separately through the Commission's change process.

The Assurance Review

The following sections describe the documentation the institution prepares for the Assurance Review, the Assurance Review process, and the on-site visit.

In preparation for the Assurance Review, an institution develops an **Assurance Argument** that has links to materials in an **Evidence File.**

The Assurance System

The Commission's Assurance System is a Web-based technology that institutions use in the Standard and Open Pathways to provide evidentiary materials and an Assurance Argument. The Commission provides institutions with secure login accounts for this purpose; likewise, the Commission also provides access to the peer reviewers

assigned to an institution's Assurance Review so that the reviewers may use the same system to conduct the review and write their analysis and recommendation. The Higher Learning Commission has selected Campus Labs, LLC, as its vendor to support the development and hosting of its Assurance System.

The Commission grants access to an institution's space within the Assurance System for:

- up to three official designees per institution (typically coordinators of the institution's accreditation efforts)
- peer reviewers assigned by the Commission to conduct the review and provide a recommendation
- individuals assigned by the Commission to the decision process
- the institution's Commission staff liaison and other Commission staff as needed

Further, the Assurance System permits the institution to grant access to a maximum of 12 additional individuals who may have a central role regarding the Evidence File and Assurance Argument. The institution is responsible for granting or revoking such access; the Commission does not manage these additional accounts. The Assurance System maintains an activity log so that a history of additions, deletions, or changes is available to the institution and the Commission.

The Assurance System offers the option to generate a PDF version of the Assurance Argument. Once downloaded, the institution may choose to distribute the Assurance Argument in whatever way it prefers, including sharing it with individuals or groups who do not have access to the Commission's Assurance System. This capability is available throughout the process of constructing the Assurance Argument and may prove useful in collecting comments for revision before finalizing the Assurance Argument. Use of this feature is optional.

The Assurance Argument

The Assurance Argument is organized by the Criteria and their Core Components. (Institutions address the Assumed Practices only when seeking candidacy or initial accreditation, or under specific circumstances such as removal from sanction.)

For each Criterion, the institution offers:

- a Criterion introduction
- an articulation of how each Core Component within the Criterion is met, including a statement of future plans with regard to the Core Component, and, if applicable, an explanation of circumstances that (1) call for improvement, (2) support future improvement, or (3) constrain improvement or threaten the institution's ability to sustain the Core Component
- a statement regarding any additional ways in which the institution fulfills the Criterion that are not otherwise covered in the statements on the Core Components, including any gaps in achievement and future plans with regard to the Criterion
- links to materials in the institution's Evidence File for each statement made

There is no need to distribute equally the amount of text devoted to each Criterion or each Core Component; however, it is important to observe the Assurance Argument's maximum limit of 35,000 words. Institutions are advised that although there may be various ways to circumvent the length limitations on the Assurance Argument, it is also the case that such strategies may be counter-productive if the ultimate effect is to exhaust or annoy the reviewers.

The Evidence File

Within the Assurance System, an institution's Evidence File comprises two sections. In section one, the Commission contributes recent comprehensive evaluation and interim reports, a trend summary from the institution's most recent Institutional Update submissions, copies of official actions and correspondence, public comments, and any other information the Commission deems necessary.

In section two of the Evidence File, the institution uploads its own evidentiary materials that, together with its Assurance Argument, demonstrate that it meets the Criteria for Accreditation. To the extent possible, an institution is encouraged to use existing materials as evidence rather than create new materials exclusively for the accreditation process. Examples of such evidence include existing mission statements, budget documents, assessment and curriculum reports, minutes from meetings of governing boards and other prominent committees, and materials submitted to and received from specialized accreditation organizations and state agencies. Relying on existing materials in this way can significantly reduce the burden of generating evidence for accreditation purposes.

The expectation is that an institution will have a variety of materials relevant to its processes that serve as appropriate evidence. It is possible that a given evidentiary piece may support meeting multiple Criteria for Accreditation or Core Components. The Assurance System provides the ability to cross-reference each evidentiary item to as many Criteria and Core Components as appropriate. However, every evidentiary item uploaded to the Evidence File *must* be specifically linked to at least one Criterion or Core Component and must be referenced in the analysis to which it is linked; extraneous material provided "just in case" is neither desired nor permitted. This approach contributes to a thoughtful compilation of evidentiary materials that is on-point with regard to the institution's Assurance Argument and does not impede the ability of peer reviewers to examine, comprehend, and evaluate the evidentiary materials and Assurance Argument.

There are several strategies the institution may employ to help the peer reviewers navigate existing materials that are repurposed for the accreditation process. (1) Evidentiary documents in the Assurance System can be configured to open directly to a specific page when accessed. This greatly assists in directing peer reviewers to relevant sections of longer documents. (2) It may be useful to provide explicit guidance to reviewers, such as a descriptive coversheet for a document being used out of its original context or a brief synthesis of raw data involving significant detail. (3) In order to promote full understanding and transparency, the institution should submit documents in their entirety and link to the pertinent pages rather than submit only portions of documents devoid of original context.

The burden of writing the Assurance Argument is reduced because the Assurance System allows an institution to link narrative text directly to the appropriate supporting materials in the Evidence File. Therefore, an institution should not provide elaborate historical context or descriptions of the evidence within the Assurance Argument itself. Rather, the institution should make clear, succinct statements as to how the Criteria for Accreditation are met and link them directly to the evidence. This efficiency reduces the amount of narrative needed to convey information to the peer review team and makes it easier for team members to verify institutional claims with evidence. (The Commission no longer requires that the institution maintain a separate Resource Room for the review, as was done under the PEAQ process.) After a comprehensive evaluation, the Assurance Argument remains intact with its linked evidence in the Assurance System. This allows revision versus complete reconstitution for the next review, offering additional efficiency and reduced burden to the institution.

Evidence supplied by the institution includes some items required by the Commission. Due to the nature of some types of evidence, the Commission has determined that certain items may, if desired, be referenced via external Web links to the original source rather than be uploaded directly into the Assurance System. Unless specifically permitted as an external link, all evidence is uploaded directly into the Evidence File area within the Assurance System.

The following chart lists the items that are **required** by the Commission and identifies those that may be externally linked. However, the institution is expected to provide significant additional evidence it determines

appropriate to support its Assurance Argument (i.e., the chart is not an exhaustive list of evidence an institution should include). As with other evidence uploaded by the institution, the required materials—whether provided as documents or external links—must be linked to the Assurance Argument in order for peer reviewers to have access to them.

Required documents in Evidence File (significant additional evidence is expected; the specific types of evidence are at the institution's discretion)	**Must be uploaded to the Evidence File**	**May be provided by a link to an external source**[1]
Course Catalog/Bulletins		X
Audited Financial Statements	X	
Budgets and Expenditure Reports	X	
Faculty/Staff Handbooks		X
Student Handbooks		X
Class Schedules		X
Mission and Planning Documents	X	
Governance Documents (charters, bylaws, organizational chart)	X	
Faculty Roster (full- and part-time, credentials)		X
Contractual & Consortial Agreements (related to academic programs)	X	
Third Party Comment Notices *	X	
Federal Compliance Materials *	X	

* Definitions of these items are provided in other Commission documentation

[1] In cases where there is a heavy or exclusive reliance on externally linked evidence to support the Assurance Argument, institutions should consider uploading that evidence into the Evidence File, if possible, rather than linking to it. Doing so, although optional, ensures that any evidence providing a significant foundation to the Assurance Argument is archived for future access if needed.

The Assurance Review Timeline

As indicated in the chart below, an institution's **Assurance Filing** (Evidence File and Assurance Argument) must be uploaded to the Assurance System and ready for review by the time the online Assurance Review is scheduled to begin. Although institutions may wait until a few months before this deadline to upload materials, the Assurance System is available to them throughout the 10-year Open Pathway timeline for uploading and maintaining their information. The Assurance System automatically grants peer reviewers access to an institution's Evidence File and Assurance Argument on the date calculated according to the chart below.

Review	**Online Assurance Review Begins**[1]	**Team Visit Begins**	**Team Visit Ends**[2]	**Online Assurance Review Ends**[3]
Year 4	On the start date scheduled	Not applicable unless a visit is requested by the team		When final report is submitted to HLC (usually 10 weeks after online Assurance Review begins)
Year 10	4 weeks before campus visit date	On-campus visit date scheduled	At conclusion of 1½ days on main campus	

[1] An institution may grant access to the Assurance Filing early if the materials are ready; however, once access has been granted to the team (automatically or manually), the Evidence File and Assurance Argument are locked and the institution can no longer add, delete, or modify content. If an institution elects to grant access earlier than the scheduled start date, the remaining due dates on the timeline are not altered (i.e., starting early does not mean that the review will end early).

[2] Typical visits in Year 10 are 1½ days. Some considerations, such as visiting branch campuses, reviewing change requests, or addressing other issues may extend the visit's duration.

[3] In both the Year 4 and Year 10 reviews, the Assurance Review ends upon submission of the final team report approximately 10 weeks after the online review begins. This includes time for the team to review online materials and conduct the visit in Year 10 (and in Year 4, if required*), Commission staff to review an initial draft, the institution to review an initial draft and respond regarding errors of fact, and the team to consider any errors identified by the institution.

The Assurance Review focuses on the evaluation of the institution's Assurance Argument and Evidence File in relationship to the Criteria. Peer reviewers begin the review by conducting individual evaluations of the Criteria and the Federal Compliance Requirements. The team as a whole then conducts a consensus review of all Criteria and Federal Compliance requirements. In the course of the Assurance Review, the team may contact the institution to request additional information or clarification. Within the time period specified in the request, the institution uploads requested materials into an addendum area in the Assurance System that the Commission creates for this purpose. Materials in the addendum area are not linked to the Assurance Argument.

During the Assurance Review, the team chair remains in communication with an institutional representative throughout the online, pre-visit portion of the review even when no additional materials or clarification is needed. The team's evaluations as part of this review inform the activities planned for the forthcoming visit in the Year 10 review.

Team Size for the Assurance Review and the Comprehensive Evaluation

In most cases, the team size for both the Year 4 Assurance Review and the Year 10 Comprehensive Evaluation is fixed: 3, 5, or 7 individuals, depending on institutional size and complexity. In no circumstance will a peer review team have fewer than 3 members. Although institutional size is the primary determining factor, the Commission may require a larger team for institutions with multiple academic units, multiple degree levels, corporate or state system relationships, or other complexities, including significant concerns in previous reviews. The Commission may assign additional reviewers as needed for other reasons based upon particular circumstances of the institution, such as multi-campus visits that include out-of-state or international locations.

* In exceptional circumstances, the team may extend the Assurance Review in Year 4 to require a visit to explore uncertainties in the evidence. This is expected to occur only when a campus visit would reveal information that is not otherwise available to the team at a distance through methods such as supplemental teleconferences and email exchanges. In such circumstances, the review timeline is suspended temporarily while Commission staff arranges a visit designed to meet the needs identified by the team. If the Year 4 review team requests such a visit, the team conveys to the institution the reasons for the requested visit, including any additional evidence requested, and identifies any individuals or groups with which the team wishes to meet during the visit. A visit during the Year 4 review occurs only after requests for additional information or clarification are not successful at satisfying the team's inquiry. Typically, this visit is planned and concluded within a matter of weeks, at which time the review timeline resumes and the schedule is adjusted accordingly. A team in the Year 4 review may recommend a sanction or withdrawal but only after first calling for and conducting a visit to evaluate any serious issues that may warrant such action.

Process for Conducting the Team Visit

Although the Year 10 comprehensive evaluation uses the Commission's online Assurance System, it also includes a visit to the institution. The on-campus agenda is not centered on the review of materials that are already available in the Assurance System, but rather is focused on activities best suited for in-person review and interaction. These activities include validating claims made in the institution's Assurance Argument and Evidence File, triangulating those materials with the onground realities of the institution, and meeting with various individuals and groups responsible for the content of the Assurance Argument and Evidence File. The on-campus agenda will include meeting with the institution's leadership and board; meeting with those involved in preparing the Assurance Argument and the Evidence File; holding open forums for faculty, staff, and students; and meeting with key individuals and groups, such as the faculty council and assessment committees.

Although the agenda for the Year 10 visit reflects the uniqueness of each institution, the sample agenda below represents how the above activities may be combined into a 1½ day visit. The team departs the campus at the end of the on-site visit, but may remain in the area to continue its deliberations throughout the afternoon of day 2 and into the morning of day 3. Some activities may require the attendance of each member of the peer review team, while other activities may be suitably conducted by a subset of the entire team (this determination is also dependent on the team size). Therefore, some activities may overlap, while some activities may not. The team chair determines the agenda, but he or she consults with the team and with the institution's leadership to craft a schedule that suits the context of the institution and the availability of individuals and groups. Some institutional activities should be scheduled only during the first full day, some should be scheduled only during the last half day, and others are suitable for either day, depending on scheduling availability and other considerations.

Sample Agenda for the Year 10 Team Visit
Day 1: Morning o Meet with the institution's senior leadership o Meet with individuals involved in the Assurance Argument and Evidence File o Meet with representatives of the institution's board o Meet individually with the institution's chief officers
Day 1: Afternoon o Conduct campus tour o Meet with formal committees typically led by faculty (general education, curriculum, assessment, etc.) o Meet with leadership representatives from academic and student affairs units, as needed o Conduct open forum for faculty and staff o Meet with additional individuals and groups (as determined by electronic review of Evidence File and Assurance Argument)
Day 2: Morning o Meet with student senate (or key student groups as applicable) o Meet with groups and individuals from Day 1 if meetings not yet held o Hold Exit Session with institution's senior leadership (visit concludes and team departs campus)
Post-Visit
Day 2: Afternoon and Day 3: Morning o Team deliberations and work at off-campus location

The Team Report and Recommendation

At the conclusion of the online review in Year 4 or the on-site visit in Year 10, the team uses the Assurance System to write its report. In most cases, the team does not interact with the institution at this point in the process but the team may, in exceptional cases, ask for additional information or clarifications prior to finishing the draft report.

In its report, the team indicates that the institution meets the Core Component if:

a) the Core Component is met without concerns, that is the institution meets or exceeds the expectations embodied in the Component; or

b) the Core Component is met with concerns, that is the institution demonstrates the characteristics expected by the Component, but performance in relation to some aspect of the Component must be improved.

The institution does not meet the Core Component if the institution fails to meet the Component in its entirety or is so deficient in one or more aspects of the Component that the Component is judged not to be met.

The institution meets the Criterion if:

a) the Criterion is met without concerns, that is the institution meets or exceeds the expectations embodied in the Criterion; or

b) the Criterion is met with concerns, that is the institution demonstrates the characteristics expected by the Criterion, but performance in relation to some Core Components of the Criterion must be improved.

The institution does not meet the Criterion if the institution fails to meet the Criterion in its entirety or is so deficient in one or more Core Components of the Criterion that the Criterion is judged not to be met.

The institution meets the Criterion only if all Core Components are met. The institution must be judged to meet all five Criteria for Accreditation to merit accreditation. The Commission will grant or continue accreditation (with or without conditions or sanctions), deny accreditation, or withdraw accreditation based on the outcome of its review.

In addition to expressing any concerns it finds with the Core Components or the Criteria, the team may restate any concerns at the conclusion of the report, in conjunction with any recommendations for action or reaffirmation it may make. The team may recommend interim reports or it may recommend that the concerns be addressed in the institution's next Assurance Filing. More serious concerns may lead to a recommendation that the institution be limited to the Standard Pathway.

In the Year 10 review, the team includes an evaluation of the institution's compliance with the Federal Compliance Requirements. The team makes no reference to Assumed Practices unless in the course of the review it becomes clear that any are not met. The team may provide commentary regarding institutional achievements and opportunities for improvement.

The Assurance System provides Commission staff access to the team's work so as to enable consultation. After staff review and consultation with the team, the team chair sends the team's draft analysis and recommendation (the team report) in PDF format to the institution for correction of errors of fact. The team revises as it determines is appropriate and submits its final version to the Commission, which then sends the final version to the institution. The institution is given the opportunity to provide a response to the final report.

The Quality Initiative

The Open Pathway requires the institution to undertake a major Quality Initiative designed to suit its present concerns or aspirations. The Quality Initiative takes place between years 5 and 9 of the 10-year Open Pathway Cycle. A Quality Initiative may be designed to begin and be completed during this time or it may continue an initiative already in progress or achieve a key milestone in the work of a longer initiative. The Quality Initiative is intended to allow institutions to take risks, aim high, and if so be it, learn from only partial success or even failure.

The Quality Initiative can take one of three forms: (1) the institution designs and proposes its own Quality Initiative to suit its present concerns or aspirations; (2) the institution choose an initiative from a menu of topics, such as the following examples:

- the institution undertakes a broad based self-evaluation and reflection leading to revision or restatement of its mission, vision, and goals;
- the institution joins with a group of peer institutions, which it identifies, to develop a benchmarking process for broad institutional self-evaluation;

- the institution undertakes a multi-year process to create systemic, comprehensive assessment and improvement of student learning;
- a four-year institution joins with community colleges to create a program of dual admission, joint recruitment and coordinated curriculum and student support;
- the institution pursues a strategic initiative to improve its financial position;
- the institution engages in a Commission-endorsed program or process offered by another agency, such as the Foundations of Excellence program offered by the Gardner Institute for Excellence in Undergraduate Education or the LEAP Initiative offered by the Association of American Colleges and Universities;

or (3) the institution chooses to participate in a Commission-facilitated program. Currently, the Commission has one such program, the Academy for Assessment of Student Learning.

Quality Initiative Forum (available in fall 2013). The institution may choose to send three to eight representatives to a Quality Initiative Forum prior to submitting its proposal. These optional forums offer institutions time and assistance in developing and refining their Quality Initiative proposals. Typically, twelve to twenty institutions will participate in each forum. After the forum, the institution finalizes and submits its proposal for approval.

Quality Initiative Proposal and Its Submission

The institution must submit a Quality Initiative proposal to the Commission for approval. The institution completes the proposal using a template provided by the Commission. Quality Initiative proposals are no longer than 4,500 words and submitted electronically. (Institutions participating in the Academy for Assessment of Student Learning for their Quality Initiative follow a separate protocol.)

Quality Initiative Approval

Although Commission staff may advise an institution in the development of its proposal, the final approval of the proposal requires evaluation by a peer review panel. The Commission's Quality Initiative proposal review process has three steps:

1. **Commission Staff Review.** The institution's Commission staff liaison reviews the Quality Initiative proposal, discusses it with the institution as needed, and then forwards it for peer review.
2. **Peer Review and Approval.** A panel of two peer reviewers, who are trained to review Quality Initiative Proposals but are not subject-matter experts, will evaluate the Quality Initiative proposal based on sufficiency of scope and significance; clarity of purpose; evidence of commitment and capacity; and appropriateness of timeline. The panel provides observations and constructive commentary, and either approves with or without minor modifications or requests resubmission of the proposal.
3. **Institution Notification.** At the completion of the review process, the Commission notifies the institution of panel's decision. If the panel approved the proposal with or without minor modification, the institution is free to begin its Quality Initiative. If the institution is required to resubmit its Quality Initiative proposal, it may do so at any time within the approved time period for Quality Initiatives. The same or a new panel of peer reviewers will evaluate the resubmission.

Quality Initiative Report and Review

At the end of the Initiative, but no later than Year 9 of the ten-year Open Pathway cycle, the institution prepares and submits a Quality Initiative Report, in the framework outlined in the approved proposal.

Commission Staff Review

Within four weeks of submission, Commission staff review the Quality Initiative Report for completeness and forward it for peer review.

Peer Review

A panel of two or three peer reviewers evaluates the Quality Initiative Report, at a distance, and prepares a review that addresses the genuine effort of the institution. If the panel has questions about the institution's Quality Initiative, the panel leader will contact the institution for clarification, typically via e-mail. A record of this communication is included in the panel's review.

In all cases, the panel may also offer advice, observations, and critique of the Quality Initiative Report; however, the team's evaluation and recommendation will be based on the genuine effort of the institution: the seriousness of the undertaking, the significance of scope and impact of the work, the genuineness of the commitment to and sustained engagement in the initiative, and adequate resource provision.

Final Review and Institutional Response

The panel sends its preliminary review to the institution's Commission staff liaison. The liaison discusses the review with the panel as needed before the panel sends the revised review to the institution for correction of errors of fact. After receipt of any corrections, the panel revises the review as it deems appropriate and submits the final review to the Commission. The Commission sends the final review to the institution. After receiving the final review, the institution provides a written response.

This review will be joined with the recommendations from the Assurance Review and team visit in the Commission's decision-making process. If an institution's Quality Initiative report is judged not acceptable by the reviewers, the institution will lose eligibility for the Open Pathway or AQIP. The Quality Initiative in itself cannot result in monitoring or a sanction.

Commission Decision-Making Process

The Commission's decision process is described in detail in separate documentation. Year 4 Assurance Reviews do not lead to reaffirmation of accreditation, and therefore do not require Commission action unless there is a recommendation for an interim report, a sanction, or other change that affects the official accreditation relationship. Otherwise, an institution's completion of the Year 4 Assurance Review is reported to the Commission's Institutional Actions Council (IAC), which acts to accept the report. In Year 10, the Commission staff brings together the reports from the Year 10 Assurance Review and visit and the Quality Initiative and forwards them to the IAC for decision-making. In Year 10, the decision process includes Commission action regarding reaffirmation of accreditation and determines the institution's future Pathway eligibility.

Once the review and decision process are complete, the institution's Evidence File, Assurance Argument, and final team report are archived by the Commission. The institution then regains access to its Assurance System workspace so that it may begin preparing for the next event in its accreditation timeline.

Final Notes

Public Disclosure

The Commission is currently considering options for achieving greater transparency of the accreditation process and outcomes. These options will be based on the Assurance Review. The Commission will share these options in the coming months and will seek member comment. The Commission will not disclose an individual institution's information on the Quality Initiative Report, although it may report generally on Quality Initiatives in a way that does not identify individual institutions. The institution may choose to disclose information on its Quality Initiative.

Other Monitoring

The Commission will continue to review data submitted by affiliated institutions through the Institutional Update. This analysis may result in the requirement of additional reports or focused visits. The Commission will apply substantive change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.

Phase-In Timeline

Institutions with PEAQ comprehensive evaluations in years 2011-12 through 2014-15 will continue in the current PEAQ process. Pathway eligibility will be determined following Commission action at the conclusion of those reviews. Institutions with comprehensive evaluations scheduled after 2014-15 that are not eligible for the Open or AQIP pathways or that choose the Standard Pathway will transition into the Standard Pathway in 2012-13.

Section 2.
Transitioning from PEAQ to the Open Pathway

Master Chart of the Open Pathway Ten-Year Cycle

This chart outlines the cycle for the major components of the Open Pathway—Assurance and Improvement.[1] The chart does not reflect any monitoring that may be required by some component of the Assurance Review, by Commission policy, or by institutional change requests.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Assurance Process	Institution may contribute documents to Evidence File			Assurance Filing (Assurance Argument and Evidence File)[2]	Institution may contribute documents to Evidence File					Assurance Filing (Assurance Argument and Evidence File); Federal Compliance Requirements[2]
				Assurance Review (no visit[3])						Assurance Review and Comprehensive Evaluation (with visit)
Improvement: The Quality Initiative					Quality Initiative Proposal Filed (window of opportunity to submit)					
					Quality Initiative Proposal Reviewed		Quality Initiative Report Filed			
							Quality Initiative Report Reviewed			
Commission Decision-Making				Action to Accept Assurance Review[4]						Action on Comprehensive Evaluation and Reaffirmation of Accreditation[5]
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.									

Key

- Documents filed electronically by the institution
- Review does not include a visit
- Review includes a visit
- Commission actions

Notes

[1] the chart applies to institutions eligible for the Open Pathway (see page 3)

[2] some institutions will also file materials for multi-campus review

[3] team may require a visit to explore uncertainties in evidence that cannot be resolved at a distance

[4] certain team recommendations may require IAC action

[5] action on the Year 10 review will also determine the institution's future Pathway eligibility

From PEAQ to the Open Pathway: A Transition Calculator

The table below provides an overview of how institutions currently in the Program to Evaluate and Advance Quality (PEAQ) will transition to the Open Pathway ten-year cycle. Customized transition maps for each year are provided on the pages that follow. They are based on the academic year scheduled for the next reaffirmation review. The date is available in the last Commission action letter to the institution. It is also available on the Commission Web site www.ncahlc.org (check "Understanding Accreditation," then "Directory of HLC Institutions"), or by calling the Commission staff liaison assigned to the institution.

From PEAQ to the Open Pathway: A Transition Calculator and Transition Maps

This calculator allows institutions currently maintaining accreditation with the Commission through PEAQ to determine the timing of their transition to the Open Pathway. It assumes that the transition of eligible institutions will begin in 2012-13. The calculator should be used in conjunction with the document, "Master Chart of the Open Pathway Ten-Year Cycle," appearing on page 14.

The right-most column identifies the appropriate Transition Map for each year. **Each Transition Map has been customized to apply to that year. Therefore, it is important to look only at the applicable map. Attempting to compare maps may only cause confusion.**

The calculator applies only to those institutions determined to be eligible for the Open Pathway. Some institutions will transition to the Standard Pathway.** The AQIP Pathway will be unchanged, as will the qualifications and timing for institutions to join AQIP. Current AQIP institutions may elect to participate in the Open Pathway at a time that appropriately aligns the two cycles.

Next PEAQ Reaffirmation Visit Scheduled	PEAQ Visit Actually Takes Place	Year the Institution Transitions to the Open Pathway	Place on Open Pathway Cycle at Transition	Refer to Transition Map
2011-12	2011-12	2012-13	Year 1	Map A
2012-13	2012-13	2013-14	Year 1	Map B
2013-14	2013-14	2014-15	Year 1	Map C
2014-15	2014-15	2015-16	Year 1	Map D
2015-16	n/a	2012-13	Year 7	Map E
2016-17	n/a	2012-13	Year 6	Map F
2017-18	n/a	2012-13	Year 5	Map G
2018-19	n/a	2012-13	Year 4*	Map H
2019-20	n/a	2012-13	Year 3*	Map I
2020-21	n/a	2012-13	Year 2*	Map J

* The Year 4 Assurance Review is waived for institutions in these transition years.

** The factors for determining participation in the Open Pathway appear in Section 1. The Standard Pathway is described in a separate booklet. Non-affiliated institutions interested in pursuing status with the Commission begin with the Eligibility Process. Institutions seeking initial candidacy or initial accreditation follow the Candidacy process. Institutions on Probation or under Show Cause order are on a separate, heightened level of monitoring by the Commission and are not on this or any other pathway.

MAPPING THE TRANSITION OF ELIGIBLE INSTITUTIONS INTO THE OPEN PATHWAY

This document maps the transition of institutions currently scheduled for PEAQ reaffirmation visits based on the ten-year Open Pathway cycle.
It assumes that the transition of all eligible institutions will begin in 2012-13. All eligible institutions will have transitioned to the Open Pathway by 2015-2016.

Transition Map A: For institutions with the next PEAQ reaffirmation visit in 2011-12

This chart assumes the outcome of the last PEAQ visit is to place the institution on a ten-year cycle. Other outcomes could place the institution on the Standard Pathway.

Year	2011–12	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20	2020–21	2021–22
PEAQ Visit	**PEAQ Visit**										
Pathway Cycle		**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8**	**Year 9**	**Year 10**
Assurance Process		Institution may contribute documents to the Evidence File			Assurance Filing (Assurance Argument and Evidence File)	Institution may contribute documents to the Evidence File					Assurance Filing (Assurance Argument and Evidence File); Federal Compliance Requirements[1]
					Assurance Review (no visit) [2]						Assurance Review and Comprehensive Evaluation (with visit)
Improvement: The Quality Initiative						Quality Initiative Proposal Filed (window of opportunity to submit)					
						Quality Initiative Proposal Reviewed					
								Quality Initiative Report Filed			
								Quality Initiative Report Reviewed			
Commission Decision-Making					Action to Accept Assurance Review						Action on Comprehensive Evaluation and Reaffirmation of Accreditation[3]
New Criteria	Adopted 2/24/12	Effective 1/1/13[4]									
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.										

[1] For comprehensive evaluations, some institutions will also file materials for multi-campus review.

[2] Team may require a visit to explore uncertainties in evidence that cannot be resolved at a distance.

[3] Action on Year 10 review will also determine the institution's future Pathway eligibility.

[4] New Criteria adopted 2/24/12. Date applies to accredited institutions. See Criteria booklet for additional information on the implementation timeline.

MAPPING THE TRANSITION OF ELIGIBLE INSTITUTIONS INTO THE OPEN PATHWAY

This document maps the transition of institutions currently scheduled for PEAQ reaffirmation visits based on the ten-year Open Pathway cycle.
It assumes that the transition of all eligible institutions will begin in 2012-13. All eligible institutions will have transitioned to the Open Pathway by 2015-2016.

Transition Map B: For institutions with the next PEAQ reaffirmation visit in 2012-13

This chart assumes the outcome of the last PEAQ visit is to place the institution on a ten-year cycle. Other outcomes could place the institution on the Standard Pathway.

Year	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20	2020–21	2021–22	2022–23
PEAQ Visit	PEAQ Visit										
Pathway Cycle		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Assurance Process		Institution may contribute documents to the Evidence File			Assurance Filing (Assurance Argument and Evidence File)	Institution may contribute documents to the Evidence File					Assurance Filing (Assurance Argument and Evidence File); Federal Compliance Requirements[1]
					Assurance Review (no visit) [2]						Assurance Review and Comprehensive Evaluation (with visit)
Improvement: The Quality Initiative						Quality Initiative Proposal Filed (window of opportunity to submit)					
						Quality Initiative Proposal Reviewed					
								Quality Initiative Report Filed			
								Quality Initiative Report Reviewed			
Commission Decision-Making					Action to Accept Assurance Review						Action on Comprehensive Evaluation and Reaffirmation of Accreditation[3]
New Criteria	Effective 1/1/13[4]										
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.										

[1] For comprehensive evaluations, some institutions will also file materials for multi-campus review.

[2] Team may require a visit to explore uncertainties in evidence that cannot be resolved at a distance.

[3] Action on Year 10 review will also determine the institution's future Pathway eligibility.

[4] New Criteria adopted 2/24/12. Date applies to accredited institutions. See Criteria booklet for additional information on the implementation timeline.

MAPPING THE TRANSITION OF ELIGIBLE INSTITUTIONS INTO THE OPEN PATHWAY

This document maps the transition of institutions currently scheduled for PEAQ reaffirmation visits based on the ten-year Open Pathway cycle.
It assumes that the transition of all eligible institutions will begin in 2012-13. All eligible institutions will have transitioned to the Open Pathway by 2015-2016.

Transition Map C: For institutions with the next PEAQ reaffirmation visit in 2013-14

This chart assumes the outcome of the last PEAQ visit is to place the institution on a ten-year cycle. Other outcomes could place the institution on the Standard Pathway.

Year	2012-13	2013-14	2014-15	2015-16	2016-17	2017–18	2018-19	2019-20	2020-21	2021-22	2022-23	2023–24
PEAQ Visit		PEAQ Visit										
Pathway Cycle			Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Assurance Process			Institution may contribute documents to the Evidence File			Assurance Filing (Assurance Argument and Evidence File)	Institution may contribute documents to the Evidence File					Assurance Filing (Assurance Argument and Evidence File); Federal Compliance Requirements[1]
						Assurance Review (no visit) [2]						Assurance Review and Comprehensive Evaluation (with visit)
Improvement: The Quality Initiative							Quality Initiative Proposal Filed (window of opportunity to submit)					
							Quality Initiative Proposal Reviewed					
									Quality Initiative Report Filed			
									Quality Initiative Report Reviewed			
Commission Decision-Making						Action to Accept Assurance Review						Action on Comprehensive Evaluation and Reaffirmation of Accreditation[3]
New Criteria	Effective 1/1/13[4]											
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.											

[1] For comprehensive evaluations, some institutions will also file materials for multi-campus review.

[2] Team may require a visit to explore uncertainties in evidence that cannot be resolved at a distance.

[3] Action on Year 10 review will also determine the institution's future Pathway eligibility.

[4] New Criteria adopted 2/24/12. Date applies to accredited institutions. See Criteria booklet for additional information on the implementation timeline.

MAPPING THE TRANSITION OF ELIGIBLE INSTITUTIONS INTO THE OPEN PATHWAY

This document maps the transition of institutions currently scheduled for PEAQ reaffirmation visits based on the ten-year Open Pathway cycle.
It assumes that the transition of all eligible institutions will begin in 2012-13. All eligible institutions will have transitioned to the Open Pathway by 2015-2016.

Transition Map D: For institutions with the next PEAQ reaffirmation visit in 2014-15

This chart assumes the outcome of the last PEAQ visit is to place the institution on a ten-year cycle. Other outcomes could place the institution on the Standard Pathway.

Year	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023–24	2024–25
PEAQ Visit			PEAQ Visit										
Pathway Cycle				Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Assurance Process				Institution may contribute documents to the Evidence File			Assurance Filing[1]	Institution may contribute documents to the Evidence File					Assurance Filing; Federal Compliance Requirements[1]
							Assurance Review (no visit) [2]						Assurance Review and Comprehensive Evaluation (with visit)
Improvement: The Quality Initiative								Quality Initiative Proposal Filed (window of opportunity to submit)					
								Quality Initiative Proposal Reviewed					
										Quality Initiative Report Filed			
										Quality Initiative Report Reviewed			
Commission Decision-Making							Action to Accept Assurance Review						Action on Comprehensive Evaluation and Reaffirmation of Accreditation[3]
New Criteria	Effective 1/1/13[4]												
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.												

[1] Assurance Argument and Evidence File. For comprehensive evaluations, some institutions will also file materials for multi-campus review.

[2] Team may require a visit to explore uncertainties in evidence that cannot be resolved at a distance.

[3] Action on Year 10 review will also determine the institution's future Pathway eligibility.

[4] New Criteria adopted 2/24/12. Date applies to accredited institutions. See Criteria booklet for additional information on the implementation timeline.

MAPPING THE TRANSITION OF ELIGIBLE INSTITUTIONS INTO THE OPEN PATHWAY

This document maps the transition of institutions currently scheduled for PEAQ reaffirmation visits based on the ten-year Open Pathway cycle.
It assumes that the transition of all eligible institutions will begin in 2012-13. All eligible institutions will have transitioned to the Open Pathway by 2015-2016.

Transition Map E: For institutions with the next PEAQ reaffirmation visit in 2015-16

This chart assumes the outcome of the last PEAQ visit is to place the institution on a ten-year cycle. Other outcomes could place the institution on the Standard Pathway.

Year	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20	2020–21	2021–22	2022–23	2023–24	2024–25	2025–26
Pathway Cycle	**Year 7**	**Year 8**	**Year 9**	**Year 10**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8**	**Year 9**	**Year 10**
Assurance Process	Institution may contribute documents to the Evidence File			Assurance Filing; Federal Compliance Requirements[1] Assurance Review and Comprehensive Evaluation (with visit)	Institution may contribute documents to the Evidence File			Assurance Filing[1] Assurance Review (no visit)[2]	Institution may contribute documents to the Evidence File					Assurance Filing; Federal Compliance Requirements[1] Assurance Review and Comprehensive Evaluation (with visit)
Improvement: The Quality Initiative	The requirements for the Quality Initiative will be modified to fit this compressed schedule[3] **Quality Initiative Report Reviewed**								Quality Initiative Proposal Filed (window of opportunity to submit) **Quality Initiative Proposal Reviewed**		Quality Initiative Report Filed **Quality Initiative Report Reviewed**			
Commission Decision-Making				Action on Comprehensive Evaluation and Reaffirmation of Accreditation[4]				Action to Accept Assurance Review						Action on Comprehensive Evaluation and Reaffirmation of Accreditation[4]
New Criteria	Effective 1/1/13[5]													
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.													

[1] Assurance Argument and Evidence File. For comprehensive evaluations, some institutions will also file materials for multi-campus review.

[2] Team may require a visit to explore uncertainties in evidence that cannot be resolved at a distance.

[3] Modified schedule during transition years.

[4] Action on Year 10 review will also determine the institution's future Pathway eligibility.

[5] New Criteria adopted 2/24/12. Date applies to accredited institutions. See Criteria booklet for additional information on the implementation timeline.

MAPPING THE TRANSITION OF ELIGIBLE INSTITUTIONS INTO THE OPEN PATHWAY

This document maps the transition of institutions currently scheduled for PEAQ reaffirmation visits based on the ten-year Open Pathway cycle.
It assumes that the transition of all eligible institutions will begin in 2012-13. All eligible institutions will have transitioned to the Open Pathway by 2015-2016.

Transition Map F: For institutions with the next PEAQ reaffirmation visit in 2016-17

This chart assumes the outcome of the last PEAQ visit is to place the institution on a ten-year cycle. Other outcomes could place the institution on the Standard Pathway.

Year	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20	2020–21	2021–22	2022–23	2023–24	2024–25	2025–26	2026–27
Pathway Cycle	**Year 6**	**Year 7**	**Year 8**	**Year 9**	**Year 10**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8**	**Year 9**	**Year 10**
Assurance Process	Institution may contribute documents to the Evidence File				Assurance Filing; Federal Compliance Requirements[1] Assurance Review and Comprehensive Evaluation (with visit)	Institution may contribute documents to the Evidence File			Assurance Filing[1] Assurance Review (no visit) [2]	Institution may contribute documents to the Evidence File					Assurance Filing; Federal Compliance Requirements[1] Assurance Review and Comprehensive Evaluation (with visit)
Improvement: The Quality Initiative	Quality Initiative Proposal Filed (window of opportunity to submit) **Quality Initiative Proposal Reviewed**									Quality Initiative Proposal Filed (window of opportunity to submit) **Quality Initiative Proposal Reviewed**					
		Quality Initiative Report Filed **Quality Initiative Report Reviewed**										Quality Initiative Report Filed **Quality Initiative Report Reviewed**			
Commission Decision-Making					Action on Comprehensive Evaluation and Reaffirmation of Accreditation[3]				Action to Accept Assurance Review						Action on Comprehensive Evaluation and Reaffirmation of Accreditation[3]
New Criteria	Effective 1/1/13[4]														
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.														

[1] Assurance Argument and Evidence File. For comprehensive evaluations, some institutions will also file materials for multi-campus review.

[2] Team may require a visit to explore uncertainties in evidence that cannot be resolved at a distance.

[3] Action on Year 10 review will also determine the institution's future Pathway eligibility.

[4] New Criteria adopted 2/24/12. Date applies to accredited institutions. See Criteria booklet for additional information on the implementation timeline.

MAPPING THE TRANSITION OF ELIGIBLE INSTITUTIONS INTO THE OPEN PATHWAY

This document maps the transition of institutions currently scheduled for PEAQ reaffirmation visits based on the ten-year Open Pathway cycle.
It assumes that the transition of all eligible institutions will begin in 2012-13. All eligible institutions will have transitioned to the Open Pathway by 2015-2016.

Transition Map G: For institutions with the next PEAQ reaffirmation visit in 2017-18

This chart assumes the outcome of the last PEAQ visit is to place the institution on a ten-year cycle. Other outcomes could place the institution on the Standard Pathway.

Year	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20	2020–21	2021–22	2022–23	2023–24	2024–25	2025–26	2026–27	2027–28
Pathway Cycle	**Year 5**	**Year 6**	**Year 7**	**Year 8**	**Year 9**	**Year 10**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8**	**Year 9**	**Year 10**
Assurance Process	Institution may contribute documents to the Evidence File					Assurance Filing; Federal Compliance Requirements[1] Assurance Review and Comprehensive Evaluation (with visit)	Institution may contribute documents to the Evidence File			Assurance Filing[4] Assurance Review (no visit)[2]	Institution may contribute documents to the Evidence File					Assurance Filing; Federal Compliance Requirements[1] Assurance Review and Comprehensive Evaluation (with visit)
Improvement: The Quality Initiative	Quality Initiative Proposal Filed (window of opportunity to submit) **Quality Initiative Proposal Reviewed**										Quality Initiative Proposal Filed (window of opportunity to submit) **Quality Initiative Proposal Reviewed**					
			Quality Initiative Report Filed **Quality Initiative Report Reviewed**										Quality Initiative Report Filed **Quality Initiative Report Reviewed**			
Commission Decision-Making						Action on Comprehensive Evaluation and Reaffirmation of Accreditation[3]				Action to Accept Assurance Review						Action on Comprehensive Evaluation and Reaffirmation of Accreditation[3]
New Criteria	Effective 1/1/13[4]															
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.															

[1] Assurance Argument and Evidence File. For comprehensive evaluations, some institutions will also file materials for multi-campus review.

[2] Team may require a visit to explore uncertainties in evidence that cannot be resolved at a distance.

[3] Action on Year 10 review will also determine the institution's future Pathway eligibility.

[4] New Criteria adopted 2/24/12. Date applies to accredited institutions. See Criteria booklet for additional information on the implementation timeline.

MAPPING THE TRANSITION OF ELIGIBLE INSTITUTIONS INTO THE OPEN PATHWAY

This document maps the transition of institutions currently scheduled for PEAQ reaffirmation visits based on the ten-year Open Pathway cycle.
It assumes that the transition of all eligible institutions will begin in 2012-13. All eligible institutions will have transitioned to the Open Pathway by 2015-2016.

Transition Map H: For institutions with the next PEAQ reaffirmation visit in 2018-19

This chart assumes the outcome of the last PEAQ visit is to place the institution on a ten-year cycle. Other outcomes could place the institution on the Standard Pathway.

Year	2012–13	2013–14	2014-15	2015–16	2016–17	2017–18	2018–19	2019–20	2020–21	2021–22	2021–22
Pathway Cycle	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8**	**Year 9**	**Year 10**	**Year 1**	**Year 2**	**Year 3**	**Year 4**
Assurance Process	ASSURANCE REVIEW WAIVED[1]	Institution may contribute documents to the Evidence File					Assurance Filing (Assurance Argument and Evidence File); Federal Compliance Requirements[2] Assurance Review and Comprehensive Evaluation (with visit)	Institution may contribute documents to the Evidence File			Assurance Filing (Assurance Argument and Evidence File) Assurance Review (no visit) [3]
Improvement: The Quality Initiative		Quality Initiative Proposal Filed (window of opportunity to submit) **Quality Initiative Proposal Reviewed**		Quality Initiative Report Filed **Quality Initiative Report Reviewed**							
Commission Decision-Making	ASSURANCE REVIEW WAIVED[1]						Action on Comprehensive Evaluation and Reaffirmation of Accreditation[4]				Action to Accept Assurance Review
New Criteria	Effective 1/1/13[5]										
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.										

[1] Modified schedule during transition years.

[2] For comprehensive evaluations, some institutions will also file materials for multi-campus review.

[3] Team may require a visit to explore uncertainties in evidence that cannot be resolved at a distance.

[4] Action on Year 10 review will also determine the institution's future Pathway eligibility.

[5] New Criteria adopted 2/24/12. Date applies to accredited institutions. See Criteria booklet for additional information on the implementation timeline.

MAPPING THE TRANSITION OF ELIGIBLE INSTITUTIONS INTO THE OPEN PATHWAY

This document maps the transition of institutions currently scheduled for PEAQ reaffirmation visits based on the ten-year Open Pathway cycle.
It assumes that the transition of all eligible institutions will begin in 2012-13. All eligible institutions will have transitioned to the Open Pathway by 2015-2016.

Transition Map I: For institutions with the next PEAQ reaffirmation visit in 2019-20

This chart assumes the outcome of the last PEAQ visit is to place the institution on a ten-year cycle. Other outcomes could place the institution on the Standard Pathway.

Year	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20	2020–21	2021–22	2022–23	2023–24
Pathway Cycle	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8**	**Year 9**	**Year 10**	**Year 1**	**Year 2**	**Year 3**	**Year 4**
Assurance Process	Institution may contribute documents to the Evidence File	ASSURANCE REVIEW WAIVED[1]	Institution may contribute documents to the Evidence File					Assurance Filing (Assurance Argument and Evidence File); Federal Compliance Requirements[2] Assurance Review and Comprehensive Evaluation (with visit)	Institution may contribute documents to the Evidence File			Assurance Filing (Assurance Argument and Evidence File) Assurance Review (no visit)[3]
Improvement: The Quality Initiative			Quality Initiative Proposal Filed (window of opportunity to submit) **Quality Initiative Proposal Reviewed**									
Commission Decision-Making		ASSURANCE REVIEW WAIVED[1]			Quality Initiative Report Filed **Quality Initiative Report Reviewed**			Action on Comprehensive Evaluation and Reaffirmation of Accreditation[4]				Action to Accept Assurance Review
New Criteria	Effective 1/1/13[5]											
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.											

[1] Modified schedule during transition years.

[2] For comprehensive evaluations, some institutions will also file materials for multi-campus review.

[3] Team may require a visit to explore uncertainties in evidence that cannot be resolved at a distance.

[4] Action on Year 10 review will also determine the institution's future Pathway eligibility.

[5] New Criteria adopted 2/24/12. Date applies to accredited institutions. See Criteria booklet for additional information on the implementation timeline.

MAPPING THE TRANSITION OF ELIGIBLE INSTITUTIONS INTO THE OPEN PATHWAY

This document maps the transition of institutions currently scheduled for PEAQ reaffirmation visits based on the ten-year Open Pathway cycle.
It assumes that the transition of all eligible institutions will begin in 2012-13. All eligible institutions will have transitioned to the Open Pathway by 2015-2016.

Transition Map J: For institutions with the next PEAQ reaffirmation visit in 2020-21

This chart assumes the outcome of the last PEAQ visit is to place the institution on a ten-year cycle. Other outcomes could place the institution on the Standard Pathway.

Year	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20	2020–21	2021–22	2022–23	2023–24	2024–25
Pathway Cycle	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8**	**Year 9**	**Year 10**	**Year 1**	**Year 2**	**Year 3**	**Year 4**
Assurance Process	Institution may contribute documents to the Evidence File		ASSURANCE REVIEW WAIVED[1]	Institution may contribute documents to the Evidence File					Assurance Filing; Federal Compliance Requirements [2] Assurance Review and Comprehensive Evaluation (with visit)	Institution may contribute documents to the Evidence File			Assurance Filing [2] Assurance Review (no visit) [3]
Improvement: The Quality Initiative				Quality Initiative Proposal Filed (window of opportunity to submit) **Quality Initiative Proposal Reviewed**		Quality Initiative Report Filed **Quality Initiative Report Reviewed**							
Commission Decision Making			ASSURANCE REVIEW WAIVED[1]						Action on Comprehensive Evaluation and Reaffirmation of Accreditation[4]				Action to Accept Assurance Review
New Criteria	Effective 1/1/13[5]												
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.												

[1] Modified schedule during transition years.

[2] Assurance Argument and Evidence File. For comprehensive evaluations, some institutions will also file materials for multi-campus review.

[3] Team may require a visit to explore uncertainties in evidence that cannot be resolved at a distance.

[4] Action on Year 10 review will also determine the institution's future Pathway eligibility.

[5] New Criteria adopted 2/24/12. Date applies to accredited institutions. See Criteria booklet for additional information on the implementation timeline.

Pathways Pioneer Institutions

The Commission is conducting a Demonstration Project in which groups of Pioneer institutions are helping design and test the new model. The first Pioneer cohort began in fall 2009; a second Pioneer cohort began in fall 2010, based on participation in the Commission's Academy for Assessment of Student Learning; and a third cohort began in spring 2011, focused on the Lumina Foundation's Degree Qualifications Profile.

Cohort One

Institution Designed Quality Initiatives

Launch Fall 2009

Aurora University (IL)
Black Hills State University (SD)
Bowling Green State University (OH)
Butler Community College (KS)
Case Western Reserve University (OH)
Colorado School of Mines
Cornell College (IA)
Metropolitan Community College (NE)
Mount Mercy College (IA)
Pittsburg State University (KS)
Saint Olaf College (MN)
University of Arkansas-Batesville
University of Wisconsin-Milwaukee
Yavapai Community College (AZ)

Cohort Two

Commission-Facilitated Quality Initiatives through the Academy for Assessment of Student Learning

Launch Fall 2010

Briar Cliff University (IA)
Calvin College (MI)
Dominican University (IL)
Franciscan University of Steubenville (OH)
Illinois Eastern Community Colleges
Illinois State University
Labette Community College (KS)
Linn State Technical College (MO)
Loyola University Chicago (IL)
Maryville University of Saint Louis (MO)
Mesa Community College (AZ)
Metropolitan Community College-Kansas City (MO)
New Mexico Institute of Mining and Technology
Northwestern University (IL)
Phillips Community College of the University of Arkansas
Pierpont Community and Technical College (WV)
Truman State University (MO)
University of Arkansas-Fort Smith
University of Missouri-Columbia
West Virginia University at Parkersburg

Cohort Three

Quality Initiatives Focused on the Lumina Degree Qualifications Profile

Launch Spring 2011

Central Wyoming College
Cochise College (AZ)
Harding University (AR)
Hastings College (NE)
Henry Ford Community College (MI)
Illinois College
Kansas City Kansas Community College
Macalester College (MN)
Marian University (IN)
Marshall University (WV)
Miami University (OH)
New Mexico Junior College
Nicolet Area Technical College (WI)
North Dakota State University
Otterbein College (OH)
Saint Mary-of-the-Woods College (IN)
Saint Mary's College (IN)
University of Chicago (IL)
University of Wisconsin-Whitewater
Westminster College (MO)

AQIP Institutions Testing Degree Qualifications Profile as Action Project

Alexandria Technical and Community College (MN)
Central New Mexico Community College
North Dakota State College of Science

Pathways for Reaffirmation of Accreditation*

A	Pathways for Maintaining Accreditation	STANDARD PATHWAY	OPEN PATHWAY	AQIP PATHWAY
B	**Who Participates**	• Required for all institutions granted initial accreditation through the first ten years • All accredited institutions that are not eligible for the other pathways and those that choose this pathway	All eligible institutions that elect to use this pathway	All eligible institutions that elect to use this pathway and are admitted by a peer panel
C	**How Pathway Assures Compliance with Criteria, Federal Requirements, Other Commission Policies**	Institutional Update Filing and Analysis		
		• Ten-year cycle • Assurance Review and Comprehensive Evaluation with visit in Years 4 and 10	• Ten-year cycle • Assurance Review in Year 4, Assurance Review and Comprehensive Evaluation with visit in Year 10	• Seven-year cycle • Periodic Systems Appraisals and Quality Checkup Visit
		• May require interim reports and focused visits • Follows standard Commission policies and practices on institutional change	• May require interim reports • Follows standard Commission policies and practices on institutional change	• May require interim reports and focused visits • Follows standard Commission policies and practices on institutional change
D	**How Pathway Encourages Improvement**	Improvement is aligned with Assurance Argument	• Quality Initiative between Years 5-9 • Initiative approval at launch of Initiative • Report review at conclusion (no visit)	Improvement focused Action Projects and Strategy Forums
E	**Role of Peer Reviewers**	Corps of trained and experienced professionals serve as peer reviewers and decision makers in these processes		

* Institutions under sanction or show cause order are on a separate, heightened level of monitoring by the Commission and are not on any Pathway.

draft: 03.10.10; 03.20.10; 3.29.11; 12.10.11; 03.16.12

Higher Learning Commission
230 S. LaSalle, Suite 7-500
Chicago, IL 60604
www.ncahlc.org
800.621.7440