



2024

COMMISSION ON ACCREDITATION SELF-STUDY GUIDE

Table of Contents

Introduction	4
Types of Accreditation	
Status Levels of Institutional Accreditation	
Review Cycles	
Institutional Accreditation Liaison	
The Commission on Accreditation	
Chapter 1 – The Self-Study Documents and Processes	8
Self-Study Process and Documents	
Assessment Plan, Compliance Document, Improvement Plan	
Exhibits	
Regulatory Requirements Evaluation	
Statistical Abstract	
Self-Study Participants	
Self-Study Timeline	
Chapter 2 – Preparing for an Evaluation Team Visit	14
Campus Community Orientation	
Public Notification	
Logistics	
Exit Briefing	
Financial Arrangements	
Chapter 3 – Responding to the Evaluation Visit Report	17
The Response to the Evaluation Visit Report	
Appearing Before the Commission on Accreditation	
Appendices	19

Appendices

A. Accreditation Liaison Responsibilities	19
B. Institution Engagement Questions: Institutional Accreditation	21
C. Institution Engagement Questions: Programmatic Accreditation	31
D. Documenting Compliance with COA Standards (suggested sources)	38
E. Institutional Assessment Plan (suggested outline)	44
F. Assessment Instruments (suggested rotation)	45
G. ABHE Outcomes and Suggested Rubrics	46
H. Improvement Plan (suggested outline)	51
I. Team Schedule (samples)	52
J. Document Library (typical materials)	54
K. Checklist for Evaluation Team Visits	55
L. Financial Responsibility Composite Score (FRCS)	59
M. Financial Indicators	60

Introduction

The *COA Standards and Policies Manual (formerly COA Manual)* details COA Standards, policies, and procedures for ABHE accreditation. The *Self-Study Guide* supplements the *COA Standards and Policies Manual* by providing additional guidance specific to the process and preparations required for self-study and hosting an evaluation team visit. You will need both the *COA Standards and Policies Manual* and the *Self-Study Guide* as you prepare for self-study.

The *Self-Study Guide* is designed to address the following:

1. How to conduct an effective self-study
2. How to develop self-study documents
3. How to prepare for and host an evaluation team visit
4. How to respond to the evaluation visit report

The *Self-Study Guide* is periodically updated by the COA staff. Please refer to the Commission website at abhe.org/accreditation/accreditation-documents to ensure that the institution is using the most recent *Self-Study Guide*.

To be accredited by the ABHE Commission on Accreditation, an institution must demonstrate that it is substantially achieving and can be reasonably expected to continue to achieve its mission and the *COA Standards for Accreditation*. It must also demonstrate its commitment to ongoing institutional development.

Types of Accreditation

Institutional Accreditation

Granted to an institution of biblical higher education that demonstrates it is substantially achieving and can be reasonably expected to continue to achieve its mission and the COA Institutional Accreditation Standards. The institution must also demonstrate its commitment to ongoing institutional development.

Programmatic Accreditation

Granted to programs of biblical higher education at institutions whose missions include programs outside the scope of biblical higher education. Programs must demonstrate that they are substantially achieving and can be reasonably expected to continue to achieve their mission and the COA Programmatic Accreditation Standards. In the United States, the institution must hold institutional accreditation with an accrediting body recognized by the U.S. Department of Education and/or the Council for Higher Education Accreditation. In Canada, the institution must present evidence of appropriate governmental approval, prior institutional accreditation with the ABHE Commission on Accreditation, or a formal affiliation with a recognized Canadian University. Programs of biblical higher education lead to credentials in biblical and theological studies as well as specific ministry-related careers.

The self-study process is similar for both institutional and programmatic accreditation. The following table outlines the differences.

Differences between Programmatic and Institutional Accreditation Reviews

	Institutional Accreditation	Programmatic Accreditation
Applicant Status	Maximum of 5 years	Maximum of 5 years
Self-Study/Team Visit for Candidate Status	Required	Not Applicable
Candidate Status	Maximum of 5 years	Not Applicable
Self-Study/Team Visit for Initial Accreditation	Required	Required
Self-Study/Team Visit for Reaffirmation	Required	Required
Self-Study Documents	1. Statistical Abstract 2. Assessment Plan 3. Compliance Document including regulatory requirements evaluation 4. Improvement Plan	1. Statistical Abstract 2. Assessment Plan 3. Compliance Document including regulatory requirements evaluation 4. Improvement Plan
Standards to Address	Institutional Accreditation Standards	Programmatic Accreditation Standards
Evaluation Team Size	5 evaluators (administrative, academic, student services, resources/finances, faculty/library) + 1 Commission Staff Representative (CSR)	3 evaluators (administrative, academic, practitioner) + 1 Commission Staff Representative (CSR)
Length of Team Visit	3 days (2.5 days on campus)	2 days (1.5 days on campus)
Initial Accreditation	5 years	10 years
Reaffirmation of Accreditation	10 years	10 years

Status Levels of Institutional Accreditation

The ABHE Commission on Accreditation's process of accreditation involves three stages whereby institutions proceed from applicant to candidate to accredited status. A detailed description of the accreditation process may be found in the policies and procedures section of the [COA Standards and Policies Manual](#).

All decisions regarding the accreditation of an institution are made by the Commission on Accreditation. Decisions concerning the grant or removal of candidate status, initial accreditation, reaffirmation of accreditation, or sanction are generally made at the February Commission meeting only. Institutional representatives are required to meet with the Commission when decisions concerning candidate status, initial accreditation, or sanction are made. An institution being reviewed for reaffirmation of accreditation may request to send representatives to meet with the Commission, but representatives are not likely to be required.

Applicant Status is a COA pre-membership status granted to those institutions that meet the COA's Conditions of Eligibility and that possess such qualities as might provide a basis for

achieving candidate status within a maximum of five years. Applicant institutions are required to submit annual reports demonstrating progress toward candidate status. During Year 3, an institutional self-study (including a Compliance Document, Assessment Plan, Improvement Plan, and supporting documents) are submitted to the COA for review prior to an evaluation team visit to assess the institutional readiness for candidate status.

Candidate Status is a pre-accredited status granted to those institutions that show promise of achieving accreditation within a maximum of five years. Candidate institutions are required to submit annual progress reports demonstrating progress toward accreditation. During Year 3, self-study materials are submitted to the COA for review prior to an evaluation team visit being sent to assess the institution's readiness for initial accreditation.

Accredited Status is granted to those institutions that substantially meet or exceed the COA's Institutional Accreditation Standards and give evidence of continuous improvement within the institution. During Year 5 of initial accreditation, an institutional self-study is submitted to the COA office prior to an evaluation team visit to consider reaffirmation of the institution's accreditation. Once reaffirmed, the institution will typically repeat the reaffirmation process every ten years.

Negative Actions

Warning is a negative, public action indicating that the COA has determined that an institution is in substantial compliance with ABHE standards, but meets one or more standards with sufficient weakness that, if the current trend is not altered, the institution is in jeopardy of being found out of compliance with a standard in the near future and placed on probation. The institution retains accredited or candidate status with ABHE during a period of warning, and will be subject to periodic monitoring, which may include progress reports and/or focused visits by COA staff or evaluation teams.

Probation is a negative, public action indicating that the COA has determined that the institution no longer complies with one or more of the Standards for Accreditation. The institution retains accredited or candidate status with ABHE during a period of probation, and will be subject to periodic monitoring, which may include progress reports and/or focused visits by COA staff or evaluation teams.

A **Show Cause** order is a negative, public action indicating that an institution's accredited or candidate status will be withdrawn unless it can provide persuasive evidence that such action should not be taken. The institution retains accredited or candidate status with ABHE during a period of show cause.

Termination of Accredited or Candidate Status (Withdraw) is a negative, public action indicating that an institution's or program's accredited or candidate status has been withdrawn.

Denial Of Initial Accreditation or Candidate Status is a negative, public action indicating that a candidate institution or program seeking accreditation has been denied accreditation status or an applicant institution or program has been denied candidate status.

Review Cycles

While ongoing, systematic self-study should be a characteristic of an accredited institution, each institution is expected to prepare formal self-study documents (Statistical Abstract, Assessment

Plan, Compliance Document with Regulatory Requirements evaluation, and Improvement Plan) in preparation for a comprehensive evaluation team visit as follows:

- During the third year of applicant status for an evaluation team visit in the fall during the fourth year of applicant status (may be deferred 1 year in extenuating circumstances).
- During the third year of candidate status for an evaluation team visit in the fall during the fourth year of candidate status (may be deferred 1 year in extenuating circumstances).
- During the fourth year of initial accreditation for an evaluation team visit in the spring of the beginning of the fifth year and a Commission decision on reaffirmation the following February.
- During the ninth year of a reaffirmation cycle for an evaluation team visit in the spring of the beginning of the tenth year and a Commission decision on reaffirmation the following February.
- When the pace of substantive change requires a comprehensive review (requires a self-study, evaluation team visit, and new Commission decision on accreditation).
- When the institution seeks to accelerate its accreditation.
- When the Commission calls for a comprehensive review to verify that the institution is satisfying the *Standards for Accreditation*. Generally, such a review is predicated upon ongoing concerns and/or unsatisfactory reports to the Commission.

Sample Review Cycles

Last Review	Self-Study Due	Team Visit	Commission Review
Applicant status granted February 2022	November 15, 2024	Fall 2025	February 2026
Candidate status granted February 2022	November 15, 2024	Fall 2025	February 2026
Initial Accreditation granted February 2021	8 weeks before team visit in Spring 2025	Spring 2025	February 2026
Reaffirmation granted February 2018	8 weeks before team visit in Spring 2027	Spring 2027	February 2028

Institutional Accreditation Liaison

The Accreditation Liaison is the institution's expert in COA Standards, policies, and procedures to ensure that any changes at the institution comply with COA Standards, policies and procedures (see [Appendix A](#) for responsibilities). As a result, the Liaison should be a senior administrator who is engaged in any discussion of institutional changes that could impact accreditation. The Liaison should not, however, be the President because that defeats part of the role of the liaison—to be the second person at the institution who receives information from the Commission.

The Commission on Accreditation

The Commission is comprised of 14-22 members: a minimum of 12-18 elected by the ABHE Membership and a minimum of 2-4 appointed by the Commission on Accreditation as Public Representatives, one of which is a ministry practitioner (which may be a student representative from a COA-accredited institution.) A listing of current Commissioners is available at www.abhe.org/accreditation/accreditation-leadership

Chapter 1

The Self-Study Documents and Processes

Self-Study Process and Documents

The process of institutional self-study anticipates a comprehensive review conducted by the institution to determine whether it is fulfilling its mission as well as whether it is compliant with the COA Accreditation Standards (Institutional or Programmatic). The process of self-study will result in several written documents that will be used for both internal and external review as it relates to mission fulfillment and compliance with COA Standards.

Self-study documents must be received no later than eight (8) weeks prior to the visit (either via Weave or emailed to coa@abhe.org). Requested exceptions must be submitted to the COA office by email and received five (5) business days before the deadline!

Two options to submit Self-Study documents:

1. A Weave Self-Study submission. All documents and exhibits will be submitted in Weave. Please contact coa@abhe.org with any questions.
 - a. All institutions who became Applicants starting 2024
 - b. All institutions whose first self-study is due starting 2024
 - c. Anyone wishing to opt-in to Weave
2. Non-Weave submission will be an electronic copy of the five (5) Self-Study documents to coa@abhe.org
 - Assessment Plan
 - Compliance Document
 - Improvement Plan
 - Exhibits (numbered or 3-word description)
 - Regulatory Requirements Evaluation*
 - Statistical Abstract

*The Regulatory Requirements Evaluation is not required for Programmatic Accreditation.

Name the documents using this naming convention:

Format: 2024.SS Institution Name (State/Province) short description

Example: 2024.SS National Bible College (NJ) Improvement

Example: EX3.5 Org Chart

Each document's short description will not exceed 15 characters.

November 15 (in the year before the desired evaluation team visit) is the due date for the submission of the self-study documents for institutions seeking candidate status or initial accreditation. For reaffirmation visits, self-study documents are due eight weeks before the evaluation team visit.

Assessment Plan, Compliance Document, Improvement Plan

The internal process of review related to the self-study involves the institution's stakeholders identifying areas of needed assessment that will connect with institutional improvement and institutional excellence, specifically as it connects to the institution's mission and/or the COA Standards. The areas that are identified (by the Institution or by the Standards) should be compiled into an *Institutional Assessment Plan*.

Assessment Plan

The **Assessment Plan** is a written description of the institution's ongoing assessment activities. The plan identifies instruments or collection methods employed, how and when assessment activities occur (cycles of assessment), how and when data analysis is done, and any achievement benchmarks that have been established. An institutional assessment plan is a required part of a COA accreditation self-study, but it should also be a living document updated regularly. The institutional assessment plan should provide an evidentiary basis that guides identification of strategies to be implemented through the Improvement Plan. (For programmatic accreditation, this would be a Programmatic Assessment Plan—an assessment plan for accredited programs.) The Assessment Plan should be designed to articulate for the institution and for outside observers those areas of needed data collection (to provide for data-driven decisions). Many institutions will adopt an approach that seeks to answer the "Interviewer Questions" (who, what, when, where, why, and how much).

- *Who...* will be responsible for conducting the assessment process in identified areas of needed data? Who will be responsible for the analysis of the collected data?
- *What...* are the areas of needed data to help guide decisions for institutional improvement and/or excellence as well as for demonstrating compliance with the COA Standards?
- *When...* will the parties responsible for conducting data collection commence and complete their processes? When will the parties responsible for data analysis complete their written reviews (with a list of needed improvements)?
- *Where...* will the data be collected and where will the collected data be stored? Where will the analysis of the collected data be stored?
- *Why...* are the areas identified for needed data collection noted as such? Why is the analyzed data being sought and what is the intended objective(s) for collecting that data?
- *How much...* will the process of data collection and data analysis cost the institution and to which department(s) will those costs be levied?

Compliance Document

The **Compliance Document** is the analysis report that evaluates the extent to which an institution satisfies the ABHE standards and essential elements. The Compliance Document describes how the institution satisfies the standards/essential elements and references exhibits that document or evidence that the standards and each essential element are being met. Where weaknesses exist, the Compliance Document accurately and candidly identifies those areas in need of improvement. The narrative/analysis, **should not exceed 100 pages**, excluding exhibits.

- The Compliance Document begins with an introduction. It should provide a brief, one- or two-page history of the institution, and statement of its mission and goals. The introduction should also include a one- or two-paragraph description of the process employed, and participants involved in preparing the document.
- For ease of reading, it helps to state the Standard at the beginning of the section, then state the first Essential Element followed by the analysis for that Essential Element, then state the second Essential Element followed by analysis, repeating the process until all Essential

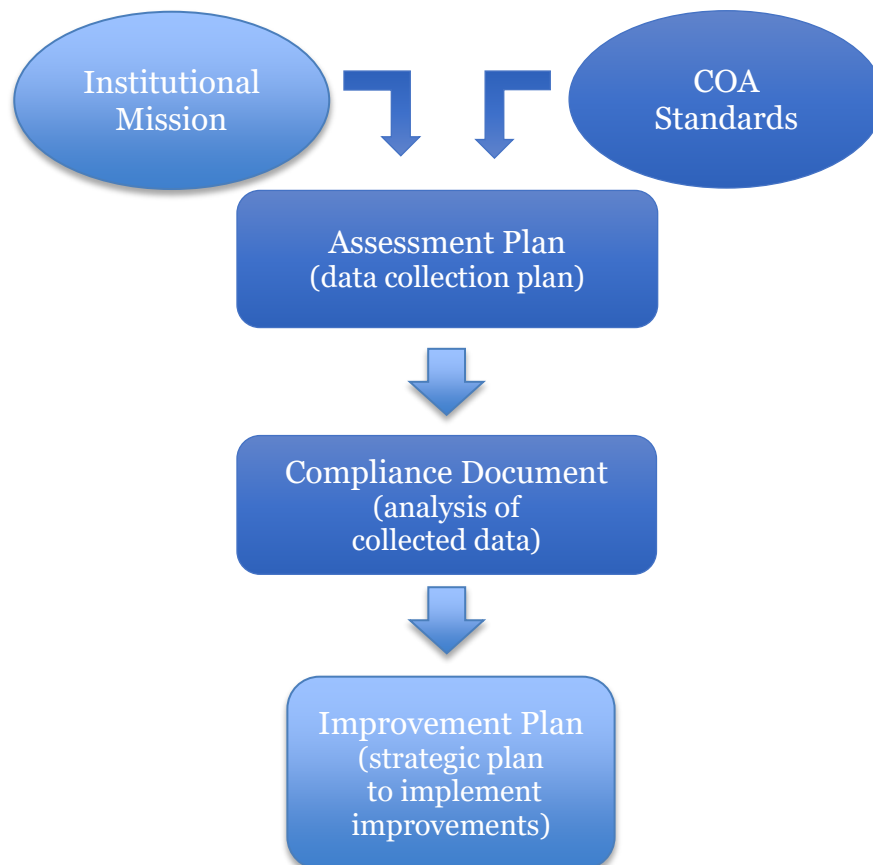
Elements in that Standard have been addressed, then finish with the Evaluative Conclusion.

- Written analysis of each Standard (with the address of each essential element) should conclude with a Review Statement. The Review Statement should briefly describe any weaknesses that have been identified by the institution in the self-study as well as plans/strategies that will be implemented to address those weaknesses.
- The conclusion of *Compliance Document* should summarize all of the weaknesses identified as a consequence of comparing institutional characteristics with the Standards for Accreditation. The Conclusion should also prioritize the plans to address those weaknesses and highlight those that will be integrated in the Improvement Plan.

Improvement Plan

The **Improvement Plan** is a written description of the institution's plans for the next three to five years that follow the same format as the "Interview Questions" identified in the Institutional Assessment Plan. Elements to address in the Improvement Plan should include timeframes, strategies to achieve these plans, assignment of responsibilities for execution, and cost analysis for implementation. This Plan need not be limited to, but should certainly include, the intentional redress of weaknesses identified in the analysis of the Compliance Document as well as ongoing assessment plans, detailing strategies to address those weaknesses in the months and years to come.

A conceptual process of these three Self-Study documents should follow (to some degree) the following model:



This model provides the process anticipated in the development of Self-Study. The key to “closing the loop” in assessment, however, involves one more step. The improvements implemented as a part of the Improvement Plan should be evaluated to determine their effectiveness in addressing the weaknesses identified from the analysis of the Compliance Document. Evaluation of the implemented improvements “closes the loop” of assessment, as those improvements populate (at least in part) a new iteration of the Assessment Plan (thus, creating a feedback loop). There will be some elements in the Assessment Plan that will always be part of the internal evaluation process (whether data suggests needed improvements or not). The improvements to implement, however, will change with each cycle of evaluation. The assessment of those improvements allows for the institution to determine success in addressing the identified weaknesses or reveal the need for ongoing tweaks to ensure institutional excellence.

Exhibits

The Exhibits (File) exists as the documentary source for “proof” of practice, policy, and/or protocol in relationship to the Standards and/or Essential Elements. Individual exhibits should be placed into PDF form for reference and review by evaluators. The self-study documents (and, especially, the Compliance Document) should use PDF excerpts/pages that directly evidence how the institution has satisfied the Standards and Essential Elements rather than page numbers that simply reference its place in a large document. In most cases, Exhibits will be single pages (excerpts) or a collection of excerpts.

- Exhibits should be numbered and referenced by that number in the narrative (without long exhibit names). Inside the Weave platform, institutions will upload Exhibits for **each** Essential Element. When emailing, include all PDF exhibits in a separate Exhibits folder.
- It is wise to provide the source documents for many of the Exhibits referenced by the institution (i.e., Academic Catalog, Handbooks and/or Policy Documents, etcetera) as the first exhibits referenced in this section of the self-study. After providing the source documents, individual pages from each of these source documents can be placed into PDF format and referenced for specific review by evaluators.
- When using a website link, please also PDF a screenshot of the page to include as a numbered exhibit.

During the Evaluation Team Visit, an institution should also provide on-site Exhibits for confidential files that will not be sent in advance of the Team Visit of documents that will not be sent in advance of the Team Visit (consisting mostly of confidential files—personnel reviews, official transcripts, student files, faculty files, etcetera). Where excerpts from several syllabi may serve to document compliance in the Exhibits, all syllabi, in complete form, may be made available for review in the document library in the work room.

Regulatory Requirements Evaluation

All institutions (Canada, U.S., U.S. Territories) being reviewed for institutional accreditation must complete the Regulatory Requirements Evaluation (RREs) as a self-assessment of the institution’s satisfaction of the COA’s external requirements. The template is available at <https://www.abhe.org/accreditation/accreditation-documents/>. The document should be completed and uploaded within Weave or emailed with self-study documents.

The Regulatory Requirements Evaluation provides space for a statement of rationale and documentation to verify achievement of the RREs. Documentation may already exist in the Exhibits and rationale/documentation may simply be referenced by name and exhibit number.

Where a document excerpt is not already cited, it should be added as a numbered exhibit with the other exhibits in the Exhibits Document.

The Regulatory Requirements Evaluation is not required for Programmatic Accreditation.

Statistical Abstract

This document is an overall summary of the institution, programs offered, enrollment, salary, library, finance, and ministry formation data. The statistical abstract provides a four-year snapshot of information evaluators need. A sample/template for the [Statistical Abstract](https://abhe.org/accreditation/accreditation-documents) is available at abhe.org/accreditation/accreditation-documents.

Self-Study Participants

Most institutions find distribution of labor across multiple committees to be an efficient way of approaching self-study. This affords the opportunity for wide participation, without working as a “committee of the whole.” In addition, many eyes increase the objectivity, clarity, and accuracy of the facts and judgment made regarding satisfaction of standards and institutional effectiveness. Because of key roles, some individuals may serve on multiple committees.

President/CEO. The President needs to be a visible and committed participant in the self-study process. Priorities of the President become the priorities of the institution, so the engagement of the President as an ad hoc member and/or key participant in steering and planning the self-study process is important. This does not mean the President serves on every committee, but rather functions as an invested supporter of the process and an informed leader when it comes to understanding the issues and concerns that have surfaced during the self-study process.

Self-Study Coordinator. Usually, this individual is the Institutional Accreditation Liaison, and this person monitors the self-study process and interfaces with the ABHE Commission office to ensure timely preparation and submission of self-study documents. The Self-Study Coordinator is the day-to-day administrator overseeing the process.

Steering Committee. The Steering Committee provides leadership over the writing and approval of the Institutional Assessment Plan, Compliance Document, and Improvement Plan. The Steering Committee leads the process to ensure document consistency and accuracy. The Steering Committee should also hold workgroups, task forces, and sub-committees to the schedule to ensure that the documents are prepared in a timely fashion. Consistency addresses the tone and focus as well as the form and style of the document. Accuracy verifies that everything in the document—the descriptions, data, and judgments—represent the mind and attitude of the institution and institutional leaders. The Steering Committee might be comprised of representative administrators, subcommittee personnel, faculty, board members, and perhaps students.

Subcommittees (Standard Committees). Subcommittees are often organized around individual or groups of related Standards. Each sub-committee includes representatives from the area being evaluated. The sub-committee may also include constituents from alumni, students, board, or the community. As assessment data (scheduled and conducted according to the Institutional Assessment Plan) has been collected in a systematic approach for several semesters/years, each sub-committee is responsible for analyzing data to determine substantial compliance with the Standard and each Essential Element and drafting an initial response to the Standard. The response should succinctly describe the evidence for compliance, make a judgment as to whether

or not the institution substantially complies with the Standard, and identify where changes may be necessary to bring the institution into greater compliance with the Standard (should weaknesses in compliance be identified). The Questions for Institutional Engagement (Institutional Accreditation) in [Appendix B](#) and The Questions for Institutional Engagement (Programmatic Accreditation) [Appendix C](#) may help conduct internal analysis of the various COA Standards. Ultimately, the subcommittees will want to draft an analysis that focuses on the assigned Standards and Essential Elements, and the degree to which the institution fulfills these requirements.

Principal Writer/Editor. The process of writing the self-study documents requires many writers. The blessing of many writers, however, also becomes the bane of document integrity and flow. The document needs one person to serve as the senior writer/editor and bring the document to one consistent voice. The research and draft narratives completed by the Standard Committees are honored by the senior writer, but with a style that flows as a coherent whole rather than a collection of unrelated chapters.

Support Personnel. Clerical and technical support are critical to the self-study process. The assistance of support staff in formatting documents, distributing drafts, coordinating logistics and hospitality, scheduling meetings, and preparing infrastructure to accommodate outside reviewers is critical. Self-study needs to be an “all in” team effort.

Self-Study Timeline

The following timeline is offered as a suggested guide to conducting self-study. Many institutions find the “critical path method” helpful—starting from the end and working back to assign time for critical functions.

Months before Submission	Self-Study Activities
18	Steering Committee develops plan and timeline for self-study. Senior Administration approves plan and timeline for self-study.
13-17	Assessment Committee reviews Institutional Assessment Plan to inform sub-committees of the current status of collected data by the institution. Sub-committees review collected data and begin analysis for auditing compliance with COA Standards.
10-12	Sub-committees complete first draft of Compliance Document.
5-10	Steering Committee reviews process of Institutional Assessment Plan, the findings of the Compliance Document, and their connection to the Improvement Plan, making adjustments as appropriate.
4-7	Sub-committees and Steering Committee sign off on documents and conclusions.
2-4	Senior Writer/Editor revises all documents of the Self-Study into final form.
1	Senior administration reviews findings and conclusions with constituencies. Senior Writer/Editor makes final edits to documents (if needed).
0*	Submit final document in the Weave platform (known as the ABHE Portal) otherwise email self-study documents to coa@abhe.org

* For institutions seeking a visit for candidate status or initial accreditation, self-study materials are due November 15 of the year prior to the intended team visit. For institutions seeking reaffirmation, self-study materials are due 8 weeks before the team visit.

Chapter 2

Preparing for an Evaluation Team Visit

Campus Community Orientation

Prior to the visiting team's arrival, the institution should provide an orientation for students, staff, administrators, and board as to the nature and purpose of the evaluation. This orientation should address the following:

- Campus life, atmosphere, and activity should be as normal as possible during the Visit
- During the Evaluation Visit, Evaluators will meet separately with the Administration, Board, Faculty, and Students
- Evaluators appreciate consideration to complete their intensive tasks without interruption or distraction.
- Evaluators may visit a few classes on campus.

Public Notification

Prior to the Evaluation Team Visit, the institution should post on their website the hosting of the visit according to *Policy on Public Notification of Comprehensive Visit* in the COA Standards and Policies Manual.

During the Evaluation Team Visit, there should be a "meeting time with the Public" established by the institution. The institution is required to post a notice on its website, at least 60 days before the visit, informing the public of the accreditation review and arrangements for any members of the public who may wish to meet with representatives of the evaluation team to offer comments. See the *Policy on Public Notification of Comprehensive Visit* in the COA Standards and Policies Manual for the required wording. A time and place should be included in the visit schedule, should any public commenters request an audience with the Team Chair and the Commission Staff Representative.

Logistics

Transportation and Accommodations. The institution is responsible for arranging hotel accommodations at a business-class (3-star or above) hotel in a safe neighborhood, preferably close to the institution. When possible, hotel bills should be paid directly by the institution. Each team member should have his or her own nonsmoking guest room with Internet access. As a courtesy to volunteer evaluators, spouses may accompany the evaluator on the trip, provided no additional hotel or meal expenses are incurred by the institution for the spouse. Spouses do not attend team meetings.

The Team Chair will assist in collecting travel information for the team, and the institution could coordinate airport pickup and/or shuttle service or the Commission Staff Representative will rent a vehicle for transportation of the team if the institution prefers.

Meeting Rooms. A confidential meeting room for the team should be provided at the hotel and at the institution. A conference table with comfortable chairs for 6-7 people is appreciated at both locations. Confirm with the Team Chair when the hotel meeting room is desired. The on-campus meeting room may double as a document library, which maximizes access for the team during the visit. Internet and printer access should be provided in the on-campus meeting room.

Document Library. The institution may desire to create a document library containing sensitive documents in the on-campus workroom. Where materials have high-security concerns (faculty files, student grievance records, etc.), access may also be provided in the secure files in the original locations. A list of materials available should be provided in the workroom for reference. See the list in [Appendix J](#) for documents that a cross-section of institutions have chosen to provide in the document library.

Equipment and Supplies. Internet access should be available in the on-campus workroom and in the guest rooms at the hotel. A printer and shredder should be made available in the campus workroom for use by the Team. Team members may also find it helpful to have access to paper, stapler, paperclips, legal pads, pencils, pens, sticky notes, and USB flash drives. The team might request other supplies during the visit.

Meals. Breakfast and evening meals should be available at the hotel or a nearby restaurant (where the team will eat together). The Team Chair will work with the accreditation liaison and/or visit coordinator to arrange noon meals with the large group meetings as working lunches (i.e., students, faculty, board).

Refreshments. It would be quite appreciated by Evaluation Team members to have some snacks and beverages available in the on-campus workroom throughout the day. Many institutions also provide a basket of snacks and beverages in the evaluator's hotel guest room upon arrival for use throughout the visit. The institution may wish to contact the evaluators concerning any allergies or preferences.

Institution Hosts Five Group Meetings.

1. Institutional Administrators--prior to the visit, the institution should arrange for the team and the institution's administration to meet over a meal at the beginning of the visit (typically on the evening of the Travel Day). During this meal, team members will sit with their counterparts from the institution and seek to establish a cordial relationship.

2. Institution's Governing Board (usually on-campus luncheon)--the meeting with members of the institutional board affords an opportunity to discuss board structure, functions, achievements, and involvement in long-range planning. It also provides a time to reemphasize the board's responsibility to support the institution. The seating arrangement should provide for optimum interaction between the board and team members. Administrators should not be present for the meeting.

3. Students (usually on-campus luncheon)--an informal meal between some team members and students provides the opportunity to gather student perceptions of institutional effectiveness, academic rigor, and the quality of preparation. Administrators should not be present for this meeting.

4. Faculty--this meeting allows for the instructional faculty to engage evaluators in a discussion over their participation in the life and impact of the institution. Administrators should not be

present for this meeting.

5. Public--the institution will announce the ABHE Team Visit on its website (using the Public Notice found in the COA Standards and Policies Manual along with the date, location, and time). This meeting should be an open forum without institutional representatives.

See the Checklist for Evaluation Team Visits in [Appendix K](#) for additional guidance and timeline.

Exit Briefing

The Chair of the Evaluation Team and the Commission Staff Representative host an exit briefing with the President prior to the exit briefing with the institutional leaders. The purpose of this meeting is to alert the President of the Institution of the commendations, suggestions, and recommendations stated in the Executive Summary of the Team Report prior to revealing those findings with the institutional leaders. The President is encouraged to ask questions of clarification from the Chair and Staff Representative. A defense of findings will not occur at this meeting.

With the President's permission, the evaluation team meets with senior administration or others the CEO may invite to hear the tentative findings in the Executive Summary of the Team Report (Commendations, Suggestions, and Recommendations). The exit briefing is not an occasion for dialogue or, but only an opportunity for the institution to hear the observations and conclusions the team has made during its visit. These verbal observations are subject to editorial revision, and a written copy of Commendations, Suggestions, and Recommendations is not provided until the report is final.

Commendations – qualities of exceptional excellence or unusual progress since the last Team Visit.

Suggestions – matters of professional advice, best practice, or counsel in areas unrelated to compliance with ABHE Standards. Suggestions need not be addressed by the institution in the response to the team's report.

Recommendations – concerns that could be related to compliance with the COA's Institutional Standards for Accreditation. Institutions/programs are required to respond to recommendations by taking corrective action to achieve or improve achievement within a specified time frame.

Financial Arrangements

The institution will be invoiced by the COA for the visit fee prior to the visit. Travel expenses incurred by evaluators will be invoiced by the COA to the institution shortly after the visit. Payment is due within 30 days. Local transportation (unless Staff Representative rented the vehicle) and hotel expenses should be paid directly by the institution.

If an institution chooses to express its appreciation to team members with small gifts or mementos, the institution is reminded that evaluation team members cannot accept gifts with a fair market value of more than \$50.

Chapter 3

Responding to the Evaluation Visit Report

The Response to the Evaluation Visit Report

Approximately 30 days after the evaluation team visit, the institution will receive the final Evaluation Visit Report (EVR). The institution must write and submit a Response to the Evaluation Visit Report (RVR) for consideration by the Commission on Accreditation. The response report should address all of the recommendations in the Evaluation Visit Report. The response, **not to exceed 25 pages (excluding exhibits)**, should accomplish the following:

1. Identify and correct any factual errors in the Evaluation Visit Report. These may include an erroneous title, date, statistic, or other statement of fact that has been misstated. The opinion of the visiting team is not subject to a dispute of factual accuracy.
2. Detail steps taken to date to eliminate weaknesses or deficiencies in meeting the Standards and Essential Elements identified in the team's Recommendations. Actions should be documented through evidence in exhibits included at the end of the Response.
3. Where there has been insufficient time to fully implement steps to resolve deficiencies identified in the Recommendations, the institution must provide a detailed action plan, accompanied by implementation deadlines, to demonstrate how the institution will resolve weaknesses in a timely fashion.
4. If the institution disputes the team's Recommendation as an indication of deficiency in meeting a COA Standard for Accreditation, the institution may challenge the Recommendation and document how the institution was meeting the Standard at the time of the evaluation team visit.

Institutions do not need to respond to Suggestions or Commendations in the Response.

The completed Response to the Evaluation Visit Report should be sent by email to the Commission Office (coa@abhe.org) by the deadline established by the Commission Office and the following deadlines:

Team Visit	Response to the Evaluation Visit Report Due
Spring	September 15
Fall	Six (6) weeks after Evaluation Visit Report is received from the COA Office

Name the documents using this naming convention:

Format: Year.RVR Institution Name (ST/PR)

Example: 2024.RVR National Bible College (NJ)

2024.RVR National Bible College (NJ) Exhibits

Appearing Before the Commission on Accreditation

Institutions being considered for Candidate Status or Initial Accreditation must appear before the Commission on Accreditation at its annual February meeting, at which time the Commission makes a decision concerning the institution's status. Institutions being reviewed for reaffirmation are not

required to appear before the Commission but may request to do so. The Commission may also advise or require reaffirmation institutions to meet with the Commission to respond to questions. When action on an institution's status has been deferred, the institution must meet with the Commission the following year.

The purpose of meeting with the Commission is to update the COA on progress that may have been made since its Response to the Evaluation Visit Report (RVR) was submitted as well as to answer questions the Commission may have regarding progress/ action plans. The CEO and up to three additional representatives may appear before the Commission during this interview. The CEO is invited to make a brief opening statement (1-3 minutes), followed by institutional representatives responding to questions from Commission members. Choosing additional institutional representatives to attend the COA meeting should typically be predicated on that individual's ability to answer questions related to the institution's progress in responding to Recommendations stated by the Evaluation Team (e.g., CFO for financial issues, CAO for faculty or curriculum issues, Board Chair for governance issues).

Appendix A

Accreditation Liaison Responsibilities

The President or CEO is the primary individual responsible for compliance with COA Standards, policies, and procedures; however, appointing a second person at the institution to monitor ABHE accreditation responsibilities is essential for effectiveness. As a result, ABHE requires institutions to identify an Accreditation Liaison, in addition to the President or CEO, who will receive communications from the Commission.

The Accreditation Liaison is the institution's ABHE specialist and the primary guardian who monitors changes at the institution to ensure compliance with COA Standards, policies, and procedures. The Liaison should be a senior administrator who is engaged in any discussion of institutional changes that could impact accreditation.

Responsibilities of the Accreditation Liaison:

- Remain current on all COA Standards, policies, and procedures.
 - The current version of the COA Manual is available on our [website](#) (usually updated each March).
 - Contact the COA office or Commission Staff Representative (CSR) with questions
 - Calls for Comment on Standards and policies
- Monitor changes at the institution to ensure compliance with COA Standards, policies, and procedures
 - Advise decision-makers of changes that may impact Accreditation
- Distribute ABHE communications to key decision-makers as appropriate
- Communication with COA
- Coordinate the preparation and timely submission of:
 - Progress Reports (as indicated in Action Letters, typically due Nov. 15, Dec. 15, May 15, Sept. 15)
 - Substantive Changes
 - Notifications
 - Annual Institutional Update (AIU)
 - Self-Study
 - Evaluation Team Visit
 - COA Staff Visits
 - Institution data, information, and contact updates in Weave platform
 - Set up successor with due dates, timelines, etc.
- Due to COA

DUE DATE	
September 15	Annual Accreditation Profile review and updates
	Substantive Changes
	Response to Evaluation Visit (RVR)
	Progress Report (PR) - As indicated in Action Letter
November 15	Annual Institutional Update (AIU)

	Substantive Changes
	Progress Report (PR) - As indicated in Action Letter
	Self-Study (SS) - <i>institutional material prepared for evaluation team visit</i>
December 15	Annual Institutional Update (AIU) – Financial Audit and Management Ltr
May 15	Substantive Changes
	Progress Report (PR) - As indicated in Action Letter
As set by COA Office	Response to Evaluation Visit (RVR)
Anytime	Anytime for changes acted on by the COA Substantive Change Officer

Appendix B

Institution Engagement Questions: Institutional Accreditation

The Questions for Institutional Engagement are designed as talking points to help institutions explore strengths and weaknesses related to the Standards in general. The questions do not necessarily address specific requirements in the Standards and should not be used as a substitute for compliance analysis. The Compliance Document should address each Standard and Essential Element directly.

1. Integrity and Mission

- a. What patterns of evidence demonstrate integrity in operations? What evidence is there that financial and other responsibilities toward vendors, employees, students, and creditors are handled ethically and consistently?
- b. What patterns of evidence demonstrate that the institution accurately describes its programs, services, and practices in its publications, public statements, and advertising?
- c. Does the institution demonstrate integrity and timeliness in its communication with the Commission regarding compliance with all oversight agencies?
- d. Does the institution document and distribute policies and processes relevant to students, faculty, staff, and board members? What patterns of evidence demonstrate adherence to published policies and equitable and consistent treatment of these constituencies?
- e. What patterns of evidence demonstrate that student and employee grievances and complaints are addressed promptly and equitably?
- f. What policies and procedures has the institution implemented for protection of student privacy, safety practices and reporting, and addressing harassment (including sexual harassment) that might be experienced by institutional stakeholders? What policies and procedures govern the release of student information in compliance with governmental regulations? What patterns of evidence demonstrate adherence to these policies and procedures?
- g. How do institutional values and practices foster respect for diverse backgrounds and perspectives?
- h. Does the composition of the board, administration, faculty, and staff reflect the diversity of the institution's constituency and student body while being consistent with its theological distinctives?
- i. How do institutional values and practices foster a community of belonging for students, employees, alumni, and other institutional constituents? How do institutional values and practices foster a community of service for these same groups?
- j. Is the mission statement clear and does it align with the definition of biblical higher education? What review process ensures that the mission statement is current and appropriate for the institution? What constituencies participate in its periodic review and revision? Is there evidence that changes to the mission statement are approved by the board?

- k. What patterns of evidence demonstrate that the mission statement guides faculty, staff, administration, and governing board decision-making, resource allocation, and program development?
- l. Can the mission statement be easily located in the catalog(s) and on the institution's website?

2. Institutional Planning and Assessment

- a. Does the institution have a written assessment plan designed to evaluate the fulfillment of student learning outcomes at both institutional and program levels? Does the assessment plan also address operations and services? Does the assessment plan document timelines and processes for ongoing collection of relevant data for review?
- b. Are intended outcomes for operational units, support services, and academic programs, including general education and Bible/theology cores, clearly defined and measurable? Do intended outcomes align with institutional mission?
- c. Are student learning outcomes appropriate to the credential awarded (associate, bachelor, masters, doctorate)? Is achievement of student learning outcomes assessed using multiple measures, with related achievement targets identified? What patterns of evidence demonstrate that the identified measures effectively assess the extent to which students are achieving intended learning outcomes?
- d. What patterns of evidence demonstrate that the institution consistently implements its assessment plan? What evidence demonstrates that outcomes assessment data is distributed to appropriate constituencies? What evidence demonstrates that assessment data is analyzed by appropriate constituencies (e.g., board, administration, faculty, staff, students)? What patterns of evidence demonstrate that assessment data and analysis support institutional planning and improvement efforts?
- e. What documented evidence demonstrates that stated outcomes are being achieved? Do assessment reports suggest that the institution's operations and services support the achievement of the mission and improve the effectiveness of the institution? What patterns of evidence demonstrate that analysis of assessment data leads to planning and improvement in academic programs, operations, and services?
- f. Does the institution disaggregate learning outcomes assessment data in missionally relevant ways? Is there evidence that the institution uses disaggregated data to identify gaps in student success by student category? What patterns of evidence demonstrate that this information is used to support the success of all students in attaining intended learning outcomes?
- g. Are institutional outcomes data, including graduation rates, retention rates, employment rates (for professional programs), and pass rates for licensure (for programs where such are required), made available to the public on the institution's website? Is the information current and presented in context (number of students, years included, etc.)? Is the homepage link to this information easily identifiable?
- h. What patterns of evidence demonstrate that the institution regularly engages in planning for improvement? Are improvement plans documented, and do they include future objectives? How are improvement plans informed by assessment data, (including needs assessment) and input from relevant stakeholder groups (e.g., board, administration, faculty, students)? Do improvement plans include realistic resource projections? Are improvement plan results consistently reported? What patterns of evidence demonstrate that improvement plans result in institutional improvement?
- i. What patterns of evidence demonstrate that assessment results inform institutional decision-making, budget development and expenditures, and future planning?

- j. Who is responsible for overseeing planning and assessment processes at the institution? Are these responsibilities managed by the same individual? Are these responsibilities documented in job descriptions?

3. Authority and Governance

- a. Do the institution's enabling documents (constitution/charter and bylaws) establish the institution as a legal entity in its state or province? What protections are included with regard to mission, statements of faith, and control? How do the enabling documents provide the basis for governance and administration? If the institution is a subsidiary of a parent organization, does the institution have its own enabling documents (separate from those of the parent organization)?
- b. Is there documented evidence that the institution is authorized to operate (or exempt from authorization) in its home state or province? Is there documented evidence that institutions with sites in other states or provinces are authorized (or exempt from authorization) in those states or provinces? Is there documented evidence that the institution is authorized (or exempt from authorization) in every state or province where it enrolls students enrolled in programs offered through distance learning (online, competency-based education, correspondence)?
- c. What patterns of evidence demonstrate that the board exercises legal authority for the institution and ensures institutional integrity? What patterns of evidence demonstrate that the board has autonomy to make decisions in the best interest of the institution? If the institution is a subsidiary of a parent organization, does it have its own governing board, with members that do not serve on the parent organization board?
- d. What policies and procedures define the authority and limitations of the governing board? How do these policies distinguish between board and staff roles? What patterns of evidence demonstrate the board consistently adheres to these policies?
- e. Do board policies restrict employees (vocational or volunteer) from serving on the board? Does board membership exclude all employees except the chief executive officer (president)? Do board policies restrict the president from serving as an officer of the board, and does the board consistently adhere to that policy?
- f. Does the institution have a conflict-of-interest policy that is regularly affirmed by each board member? What patterns of evidence demonstrate that the conflict-of-interest policy and related processes protect the board from undue influence related to financial interests, contracts, employment, family relationships, or other personal interests?
- g. What processes does the board use to effectively recruit, orient, and develop new members? What patterns of evidence demonstrate board stability and engagement?
- h. What evidence exists that the board exercises appropriate fiduciary oversight of the institution and ensures that public accountability obligations are met?
- i. How does the board assess its own effectiveness and the effectiveness of each member? What patterns of evidence demonstrate that board assessment data is analyzed, and findings are used to improve board effectiveness?

4. Administration, Staff, and Faculty

- a. What are the general and specific qualifications required for institutional roles? What patterns of evidence demonstrate that the institution has sufficient number of qualified personnel to provide services to all stakeholders?
- b. What patterns of evidence demonstrate that the chief executive officer has the character and qualifications to serve in the role? What patterns of evidence demonstrate that the CEO has the capacity to serve in this role and is sufficiently engaged to lead the institution toward accomplishment of its mission?

- c. What evidence demonstrates that the chief executive is appointed by, reports to, and is regularly evaluated by the board?
- d. What patterns of evidence demonstrate that administrative leaders have the appropriate education, experience, capacity, and competencies appropriate to their specific duties? How are administrative leaders' education, experience, capacity, and competencies appropriate to the level of education offered (undergraduate, graduate, doctoral)?
- e. What policies and procedures govern the institution's relationship with its employees, including policies related to recruitment, appointment, role and responsibilities, professional development, evaluation, promotion, termination, and welfare? How are such policies communicated to employees? What patterns of evidence demonstrate that these policies and procedures are adhered to consistently?
- f. What evidence demonstrates that the institution's organizational structure is appropriate to its size and scope? Does the organization chart encompass all units and roles? Are related position descriptions current and accessible to the individuals serving in institutional roles?
- g. How do the institution's personnel-related values and practices align with its mission? What patterns of evidence demonstrate that these values and practices foster employee engagement and job satisfaction?
- h. What institution policies, procedures, and practices are designed to protect personnel from threat of harm or loss? What security measures are in place? What crisis response measures are in place? What policies protect employee privacy, as appropriate? What patterns of evidence demonstrate that these policies, procedures, and practices are adhered to consistently?
- i. What written policies and procedures promote effective operations in the institution? Does the institution consistently adhere to these policies and procedures?
- j. What evidence demonstrates that the institution maintains complete, accurate, and secure administrative records, including personnel records? Do administrative records document the decisions of the board, administration, faculty, and other decision-making bodies in the institution?

Related specifically to faculty...

- a. What patterns of evidence indicate that faculty members are committed Christians? What patterns of evidence demonstrate that the faculty engages in the academic, spiritual, and vocational development of students?
- b. What evidence exists that faculty members possess earned and appropriately documented degrees from institutions accredited by agencies recognized by the USDE, CHEA, or the appropriate provincial government?
- c. What patterns of evidence demonstrate that undergraduate faculty members have earned a minimum of a master's degree and teach in an area of documented expertise? Are limited exceptions to the degree level justified by appropriate documentation (e.g., professional vitae, certifications, publications, etc.)?
- d. What patterns of evidence demonstrate that graduate faculty members have earned a minimum of a terminal/doctoral degree and teach in an area of documented expertise? Are limited exceptions to the degree level justified by appropriate documentation (e.g., professional vitae, certifications, publications, etc.)?
- e. What policies and procedures delineate the authority and responsibility of the faculty for decision-making? Do these policies and procedures clarify faculty authority and responsibility with regard to curriculum, program development, academic policies and procedures, graduation requirements, and other academic-related concerns? What

- patterns of evidence demonstrate that these policies and procedures are available to faculty and adhered to consistently?
- f. What patterns of evidence demonstrate that the size and the expertise of the faculty supports the institution's mission? What patterns of evidence demonstrate that the size and the expertise of the faculty ensures the quality of curriculum? What patterns of evidence demonstrate that the size and the expertise of the faculty provides effective leadership of educational programs?
 - g. What systems are in place to evaluate instructional effectiveness? What systems are in place to improve instructional effectiveness? What patterns of evidence demonstrate that these systems improve student learning?
 - h. What policies and procedures address the intellectual property rights of faculty members? What policies and procedures address the academic freedom of faculty members? What patterns of evidence demonstrate that these policies and procedures are adhered to consistently?

5. Financial and Physical Resources

- a. Do the institution's financial records undergo an annual independent, opinioned audit prepared by a licensed accounting professional? Are audits reviewed and approved by the governing board? Are final audits made available to the public?
- b. Do audits and other financial reports demonstrate financial stability over time? What patterns of evidence demonstrate that current revenue streams support mission achievement? What reserve funds are available to the institution in the event of an unexpected emergency? What evidence exists that these funds are sufficient to ensure effective response to unforeseen financial circumstances and/or enrollment fluctuations?
- c. What patterns of evidence demonstrate that the institution's budgeting process is informed by institutional planning? What patterns of evidence demonstrate that the budgeting process serves as an effective instrument of financial oversight?
- d. Does the institution have risk management policies and procedures (investment diversification, appropriate levels of insurance, reserve policies, etc.) that effectively mitigate external and internal risks? Has the institution developed and consistently implemented adequate internal controls to minimize potential losses from dishonest actions or errors and protect personnel from accusations of wrongdoing?
- e. What patterns of evidence demonstrate that the institution's financial resources are sufficient to support mission achievement, now and into the future? What patterns of evidence demonstrate that existing facilities, equipment, and supplies support mission and achievement of educational goals? Has the institution identified deferred maintenance needs and developed plans to address those needs? Are technology platforms and hardware/software adequate to support mission achievement now and into the future?
- f. What patterns of evidence demonstrate that the institution has sufficient personnel to adequately manage and maintain its facilities, financial resources, and technology?
- g. What patterns of evidence demonstrate that the institution's facilities and services are compliant with applicable health, safety, and disability codes?
- h. What policies, procedures, and practices have been created and implemented to maintain facility and technology resources and protect them from harm or loss? What policies, procedures, and practices protect students, staff, and other users from harm or loss? What campus security measures and crisis response plans are in place, and what patterns of evidence demonstrate that these plans are communicated to and practiced by students and personnel?

- i. What patterns of evidence demonstrate that the institution maintains reliable technology platforms that support institutional mission and ensure accurate and secure institutional data? What patterns of evidence demonstrate that technology users have adequate training and ongoing support? What documented policies and procedures govern technology use?

6. Enrollment Management

- a. Does the institution have a written enrollment management plan including rationales and corresponding procedures and practices that guide operations and personnel in recruitment, admissions, and student financial services? Is the plan appropriate to the level of education offered? What patterns of evidence demonstrate that the plan is consistently applied in recruitment, admissions, and student financial services?
- b. How and when are admissions requirements communicated to prospective students? How and when is information about student financial services communicated to students? What patterns of evidence demonstrate that such communication is consistent and timely?
- c. What patterns of evidence demonstrate that the institution allocates sufficient financial, physical, and technological resources to support effective recruitment, admissions processes, and student financial services? What patterns of evidence demonstrate that the institution has sufficient personnel with the necessary authority to support effective recruitment, admissions, and student financial services?
- d. What patterns of evidence demonstrate that recruitment and admissions policies and practices are directed toward students whose spiritual commitments, educational goals, and interests are consistent with the intended outcomes of the institution? How do recruitment and admissions policies and practices promote diversity of ethnicity and sex appropriate to the institution's theological and cultural context? What patterns of evidence demonstrate that recruitment policies and practices are adhered to consistently?
- e. What evaluation procedures and/or programs are in place to reasonably ensure that admitted students have attained the requisite educational level needed to pursue higher education, are adequately prepared for their desired level of study (undergraduate/graduate), and possess the ability to successfully achieve their academic goals? Are under-prepared students accepted conditionally, and if so, are these conditions clearly communicated to the student at the time of acceptance? What measures are in place to reasonably ensure that admitted students are adequately prepared for the instructional modality(ies) of their desired programs? What patterns of evidence demonstrate that these evaluation procedures are effective?
- f. Do admissions policies allow for exceptions? If so, what limitation is placed on the number of admitted students that do not meet admissions requirements (e.g., admission to an undergraduate program without meeting a required high school GPA, or admission to a graduate program without a baccalaureate credential)?
- g. Where does the institution publish its admissions policies, transfer credit and prior learning policies and criteria, and information about articulation agreements? What patterns of evidence demonstrate that institutional statements in these publications and media are accurate and fair as they describe admissions policies, credit for prior learning protocols, transfer of credit policies, articulation agreements, and claims of effectiveness?
- h. Where does the institution publish information about financial aid, including scholarships, grants, loans, and refund policies? How does the institution ensure that

- financial aid information is accurate and made available to prospective and enrolled students? When and how are financial aid decisions communicated to applicants?
- i. What patterns of evidence demonstrate that financial aid practices meet legal and regulatory requirements? Do financial aid audits, if required for participation in Title IV, demonstrate compliance with Title IV responsibilities? What patterns of evidence demonstrate that repayment responsibilities and deadlines are communicated to students?
 - j. What financial counseling services are provided to students? How do financial counseling services inform students receiving financial assistance of related repayment obligations? What patterns of evidence demonstrate that these services assist students in making wise financial decisions regarding their education?

7. Academic Programs and Policies

- a. What documented evidence demonstrates that academic programs are designed with content and rigor characteristic of higher education (e.g. program comparisons with similar programs at other institutions, peer review of curriculum)? What curricular design policies or guidelines address rigor at the levels of education offered? How do academic programs intentionally develop the knowledge and skills needed for lifelong learning commensurate with the levels of education offered? What patterns of evidence demonstrate that graduates are prepared to pursue lifelong learning?
- b. What documented evidence demonstrates that curricula are designed to support development of a biblical worldview? What patterns of evidence demonstrate that learning activities require Bible engagement and theological reflection? What patterns of evidence demonstrate that students develop of a biblical worldview as result of these curricular elements?
- c. What documented evidence demonstrates that curricula are designed to prepare graduates for effective engagement in diverse and multicultural contexts? What patterns of evidence demonstrate that students develop cultural competencies as a result of these curricular elements?
- d. What documented evidence demonstrates that curricula progress from foundational to advanced studies appropriate to the specific degree/program and the level of education offered?
- e. What are the experiential learning requirements (practicums, internships, and course-embedded experiential learning) for each ministry and professional program offered? What patterns of evidence demonstrate that these requirements provide practical experiences and application of knowledge in the specific field of study?
- f. What patterns of evidence demonstrate that academic programs are reviewed on a regular cycle? What patterns of evidence demonstrate that program reviews support program planning and improvement?
- g. Does the institution have an academic advising system with related procedures and practices? What patterns of evidence demonstrate that the academic advising system effectively guides students from the point of program selection to graduation?
- h. What documented evidence demonstrates that the institution's academic calendar meets state/provincial and federal regulations, and is consistent with regional higher educational patterns? If the calendar utilizes an alternative pattern that differs from higher education norms or those reflected in its region, are clear, published policies in place to explain those differences and ensure compliance with regulatory requirements?
- i. What published policies define institutional guidelines for awarding academic credit (credit hour definition)? What documented evidence demonstrates that policies for awarding academic credit are commensurate with normative academic and/or

- governmental definitions, including the Commission definition of a credit hour (see the Standards and Policies Manual Glossary)? What patterns of evidence demonstrate that policies for awarding academic credit are applied to all programs, including those that include credit awarded based on direct assessment of intended learning outcomes, if applicable?
- j. What policies and procedures govern grading of student work? Are these policies published and accessible to relevant stakeholders? What patterns of evidence demonstrate that the grading system reflects integrity and ensures fairness and consistency? What patterns of evidence demonstrate that the grading system conforms to higher education norms and facilitates transfer of academic credit?
 - k. What procedures are used to verify student identity and ensure that the person receiving credit is the person completing the work? If students are charged for computer applications or other means of verifying student identity and academic integrity, what patterns of evidence demonstrate that these costs are communicated to students in writing at the time of registration?
 - l. What policies govern advanced standing for master-level programs? Do these policies require that a minimum of 50% of semester hours applied to degree requirements are awarded from curricula designed for and delivered at the graduate level? What patterns of evidence demonstrate that advanced standing policies are adhered to consistently?
 - m. What policies ensure that a minimum of 25% of semester hours required for an undergraduate degree and 33% of semester hours required for a graduate degree are earned through the institution awarding the degree? What patterns of evidence demonstrate that such policies are adhered to consistently?
 - n. Does the institution publish a clear statement of graduation requirements? What documented evidence demonstrates that graduation requirements are approved by the faculty? What patterns of evidence demonstrate that graduate requirements are consistently applied?
 - o. What policies and procedures ensure accurate and secure student records consistent with regulatory requirements? What patterns of evidence demonstrate that these policies and procedures are adhered to consistently?

Undergraduate Education

- a. What documented evidence demonstrates that all bachelor's degree programs require the equivalent of a minimum of 120 semester hours, and all associate degree programs require a minimum of 60 semester hours?
- b. What documented evidence demonstrates that all academic programs meet Bible/theology core requirements as documented in Standard 7, EE 17 and the *Policy on Biblical/Theological Studies*?
- c. What documented evidence demonstrates that all degree programs meet General Studies core requirements (e.g., include at least one course in each of the following categories: communication, humanities/fine arts, social/behavioral sciences, and natural sciences/mathematics), as documented in Standard 7, EE 18 and the *Policy on General Studies*?
- d. What documented evidence demonstrates that all professional and ministry bachelor's degree programs offered include the equivalent of a minimum of 18 semester hours of professional and/or ministry studies (courses that provide an understanding of and competence in a vocational field)?

Graduate Education (Master's and Doctoral Levels, if offered)

- a. What documented evidence demonstrates that all master's degree programs require the equivalent of a minimum of 30 semester hours, and all M.Div. degree programs

- require the equivalent of a minimum of 72 semester hours? What documented evidence demonstrates that all doctoral degree programs require the equivalent of a minimum of 30 semesters hours beyond the master's degree?
- What prerequisite and/or curricular requirements are designed to ensure that students are prepared to pursue graduate studies generally, and in their field of study? What patterns of evidence demonstrate that these requirements support student success in graduate education?
 - What documented evidence demonstrates that graduate program curricula are cohesive, and are designed to advance student's academic knowledge, research skills, and professional expertise substantially beyond that required of undergraduate programs? What patterns of evidence demonstrate that these curricular elements effectively advance student academic knowledge, research skills, and professional expertise substantially beyond that required of undergraduate programs?
 - What documented evidence demonstrates that graduate program curricular elements (prerequisites, curricular requirements, and/or program-level learning outcomes) require students to demonstrate significant ability to engage in biblical integration and theological reflection in relation to their academic or professional discipline? What patterns of evidence demonstrate that these curricular elements result in the development of significant ability to engage in biblical integration and theological reflection specific to the chosen discipline?

Specific to Doctoral Education (if offered)

- What documented evidence demonstrates that doctoral-level programs are designed to build upon and advance students beyond the levels of knowledge and competence required of master's level programs? What patterns of evidence demonstrate that doctoral students actually advance beyond the levels of knowledge and competence required of master's level programs?
- What documented evidence demonstrates that doctoral-level programs are designed to ensure that doctoral candidates demonstrate a comprehensive understanding and mastery of the knowledge and skills appropriate to the chosen field of study? What patterns of evidence demonstrate that doctoral candidates actually demonstrate a comprehensive understanding and mastery of the knowledge and skills appropriate to the chosen field of study?

8. Learning Resources and Services

- What published policies and procedures address the management of learning resources and services? What policies and procedures govern access to learning resources and services, and the security of learning resources? What patterns of evidence demonstrate that policies and procedures are adhered to consistently?
- How does the physical plant support access to and security of learning resources? How do digital platforms support access to and security of learning resources?
- What patterns of evidence demonstrate that the content and formats of the institution's collection of learning resources (physical and/or digital) is appropriate to the institution's curriculum, co-curriculum, and course offerings for all locations, instructional modalities, and languages of instruction? What patterns of evidence demonstrate that the collection is appropriately current? What patterns of evidence demonstrate student usage of learning resources?
- What patterns of evidence demonstrate the availability of reference services, technical services, and circulation services that effectively support the research and information needs of the learning community (faculty and students)?

- e. Does the institution have cooperative agreements with other institutions or resource sharing networks for access to learning resources and/or services? If so, are these agreements documented? What patterns of evidence demonstrate that the effectiveness of these agreements is regularly reviewed by the institution?
- f. What patterns of evidence demonstrate that library/learning resource staffing is adequate? Does the library/learning resource director hold a graduate degree in library sciences or a related field, and have faculty status? What patterns of evidence demonstrate effective leadership of the library and/or learning resources?
- g. What patterns of evidence demonstrate effective collaboration between library personnel and faculty in curriculum planning and learning resource development?
- h. What patterns of evidence demonstrate that curricular requirements, classroom instruction, and reference services support development of information literacy skills?

9. **Student Development and Success**

- a. How do student services demonstrate a commitment to the holistic development of students? How are student services consistent with the institutional mission? How are student services consistent with an educational community of belonging?
- b. How do student services support diverse student needs (e.g., physical disabilities, learning disabilities, mental and physical health and wellness)? How do student services support diverse student abilities (e.g., writing center, tutoring support)? How do student services support diverse student cultures (e.g., international students, ethnicity categories)? What patterns of evidence demonstrate that appropriate services are provided for every student regardless of location or educational delivery system?
- c. How does the institution define “at-risk?” How are at-risk students identified? What student services address the needs of at-risk students? What patterns of evidence demonstrate that the services provided improve student achievement and/or retention?
- d. How and when does the institution communicate with students about available support services? What patterns of evidence demonstrate such communication is clear, timely, and ongoing?
- e. What patterns of evidence demonstrate the institution’s commitment to the spiritual formation of students? What spiritual formation programs or practices foster growth in students’ personal faith and/or spiritual development? What patterns of evidence demonstrate the spiritual growth of students?
- f. How do the institution’s academic and/or co-curricular programs intentionally prepare all students for ministry? How do the institution’s academic and/or co-curricular programs intentionally prepare students to be effective witnesses for Christ? How do these programs intentionally prepare students as servants and workers for the Church, and for their communities? What patterns of evidence demonstrate effective ministry preparation for all students?
- g. What systems are in place that encourage student input to institutional decision-making? What patterns of evidence demonstrate that the institution considers such input in decisions affecting students?

Appendix C

Institution Engagement Questions: Programmatic Accreditation

The Questions for Programmatic Engagement are designed as talking points to help institutions explore strengths and weaknesses related to the Programmatic Standards in general. The questions do not necessarily address specific requirements in the Programmatic Standards and should not be used as a substitute for compliance analysis. The Compliance Document should address each Standard and Essential Element directly.

1. Integrity and Mission

- a. What patterns of evidence demonstrate integrity in program operations? What evidence is there that financial and other responsibilities toward vendors, employees, students, and creditors are handled ethically and consistently?
- b. Does the institution demonstrate integrity and timeliness in its communication with the Commission regarding compliance with all oversight agencies?
- c. Does the program document and distribute policies and processes relevant to students and employees? What patterns of evidence demonstrate adherence to published policies and equitable and consistent treatment of these constituencies?
- d. How do program values and practices foster respect for diverse backgrounds and perspectives?
- e. How do program outcomes and practices support fulfillment of the institution's mission? How do these outcomes and practices support student development in biblical/theological and/or ministry-related programs?

2. Institutional Planning and Assessment

- a. Does the program have a written assessment plan designed to evaluate the fulfillment of student learning outcomes? Does the program assessment plan address program-related operations and services? Does the program assessment plan document timelines and processes for ongoing collection of relevant data for review?
- b. Are intended outcomes for academic programs, including general education and Bible/theology cores, and program-related operations and services clearly defined and measurable? Do intended outcomes align with institutional mission?
- c. Are student learning outcomes appropriate to the credential awarded (associate, bachelor, masters, doctorate)? Is achievement of student learning outcomes assessed using multiple measures, with related achievement targets identified? What patterns of evidence demonstrate that the identified measures effectively assess the extent to which students are achieving intended learning outcomes?
- d. What patterns of evidence demonstrate that the program consistently implements its assessment plan? What evidence demonstrates that outcomes assessment data is distributed to appropriate constituencies? What evidence demonstrates that assessment data is analyzed by appropriate constituencies (e.g., board, administration, faculty, staff, students)? What patterns of evidence demonstrate that assessment data and analysis support program planning and improvement efforts?

- e. What documented evidence demonstrates that stated outcomes are being achieved? Do assessment reports suggest that program-related operations and services support the student success? What patterns of evidence demonstrate that analysis of assessment data leads to planning and improvement in the programs and related operations and services?
- f. Does the program disaggregate learning outcomes assessment data in missionally relevant ways? Is there evidence that the program uses disaggregated data to identify gaps in student success by student category? What patterns of evidence demonstrate that this information is used to support the success of all students in attaining intended learning outcomes?
- g. Are programmatic outcomes data, including graduation rates, retention rates, employment rates (for professionally appropriate programs), and pass rates for licensure (for programs where such are required) made available to the public on the institution's website? Is the information current and presented in context (number of students, years included, etc.)? Is the homepage link to this information easily identifiable?
- h. What patterns of evidence demonstrate that the program regularly engages in planning for improvement? Are improvement plans documented, and do they include future objectives? How are improvement plans informed by assessment data, (including needs assessment)? Do improvement plans include realistic resource projections? Are improvement plan results consistently reported?

3. Authority and Governance

Standard 3 is not applicable to programmatic accreditation review.

4. Administration, Staff, and Faculty

- a. What are the general and specific qualifications required for roles within the program? What patterns of evidence demonstrate that the program has a sufficient number of qualified personnel to provide services to all stakeholders?
- b. What evidence demonstrates that the programs' organizational structure is appropriate to its size and scope? Does the organizational chart encompass all units and roles? Are related position descriptions current and accessible to the individuals serving in roles within the program?
- c. How does the program's personnel-related values and practices align with its mission? What patterns of evidence demonstrate that these values and practices foster employee engagement and job satisfaction?
- d. What evidence demonstrates that the program maintains complete, accurate, and secure administrative records, including (if appropriate) personnel records? Do the institution's administrative records document decisions of the board, administration, faculty, and other decision-making bodies related to the program?

Related specifically to faculty...

- a. What patterns of evidence indicate that faculty members teaching in the program are committed Christians? What patterns of evidence demonstrate that program faculty engage in the academic, spiritual, and vocational development of students?
- b. What evidence exists that program faculty members possess earned and appropriately documented degrees from institutions accredited by agencies recognized by the USDE, CHEA, or the appropriate provincial government?
- c. What patterns of evidence demonstrate that undergraduate program faculty members have earned a minimum of a master's degree and teach in an area of documented

- expertise? Are limited exceptions to the degree level justified by appropriate documentation (e.g., professional vitae, certifications, publications, etc.)?
- d. What patterns of evidence demonstrate that graduate program faculty members have earned a minimum of a terminal/doctoral degree and teach in an area of documented expertise? Are limited exceptions to the degree level justified by appropriate documentation (e.g., professional vitae, certifications, publications, etc.)?
 - e. What patterns of evidence demonstrate that the size and the expertise of the faculty support program offerings? What patterns of evidence demonstrate that the size and the expertise of the faculty ensures the quality of curriculum? What patterns of evidence demonstrate that the size and the expertise of the faculty provides effective leadership of the program?
 - f. What systems are in place to evaluate instructional effectiveness? What systems are in place to improve instructional effectiveness? What patterns of evidence demonstrate that these systems improve student learning?
- 5. Financial and Physical Resources**
- a. What patterns of evidence demonstrate that the program budgeting process is informed by institutional planning? What patterns of evidence demonstrate that the budgeting process serves as an effective instrument of financial oversight within the program?
 - b. What patterns of evidence demonstrate that the program's financial resources are sufficient to support mission achievement, now and into the future? What patterns of evidence demonstrate that existing facilities, equipment, and supplies support the institutional mission and achievement of program outcomes? Are technology platforms and hardware/software adequate to support program achievement now and into the future?
 - c. What patterns of evidence demonstrate that the program utilizes reliable technology platforms that support program outcomes and ensure accurate and secure institutional and program data? What patterns of evidence demonstrate that technology users have adequate training and ongoing support? What documented policies and procedures govern technology use?
- 6. Enrollment Management**
- a. What patterns of evidence demonstrate that program recruitment and admissions policies and practices are directed toward students whose spiritual commitments, educational goals, and interests are consistent with the intended outcomes of the program?
 - b. How and when are admissions requirements communicated to prospective students?
 - c. What evaluation procedures and/or programs are in place to reasonably ensure that students admitted to the program have attained the requisite educational level needed to pursue higher education, are adequately prepared for their desired level of study (undergraduate/graduate), and possess the ability to successfully achieve their academic goals? Are under-prepared students accepted conditionally, and if so, are these conditions clearly communicated to the student at the time of acceptance? What measures are in place to reasonably ensure that admitted students are adequately prepared for the instructional modality(ies) of the program? What patterns of evidence demonstrate that these evaluation procedures are effective?
 - d. Do program admissions policies allow for exceptions? If so, what limitation is placed on the number of admitted students that do not meet admissions requirements (e.g., admission to an undergraduate program without meeting a required high school GPA, or admission to a graduate program without a baccalaureate credential)?

- e. Where does the program publish its admissions policies, transfer credit and prior learning policies and criteria, and information about articulation agreements? What patterns of evidence demonstrate that statements in these publications and media are accurate and fair as they describe program admissions policies, credit for prior learning protocols, transfer of credit policies, articulation agreements, and claims of effectiveness?

7. Academic Programs and Policies

- a. What documented evidence demonstrates that academic programs are designed with content and rigor characteristic of higher education (e.g., program comparisons with similar programs at other institutions, peer review of curriculum)? What curricular design policies or guidelines address rigor at the levels of education offered? How do academic programs intentionally develop the knowledge and skills needed for lifelong learning commensurate with the levels of education offered? What patterns of evidence demonstrate that graduates are prepared to pursue lifelong learning?
- b. What documented evidence demonstrates that program curricula are designed to support development of a biblical worldview? What patterns of evidence demonstrate that learning activities require Bible engagement and theological reflection? What patterns of evidence demonstrate that students develop a biblical worldview as result of these curricular elements?
- c. What documented evidence demonstrates that program curricula are designed to prepare graduates for effective engagement in diverse and multicultural contexts? What patterns of evidence demonstrate that students develop cultural competencies as a result of these curricular elements?
- d. What documented evidence demonstrates that program curricula progress from foundational to advanced studies appropriate to the specific degree/program and the level of education offered?
- e. What are the experiential learning requirements (practicums, internships, and course-embedded experiential learning) for each ministry and professional program offered? What patterns of evidence demonstrate that these requirements provide practical experiences and application of knowledge in the specific field of study?
- f. What patterns of evidence demonstrate that academic programs are reviewed on a regular cycle? What patterns of evidence demonstrate that program reviews support program planning and improvement?
- g. Does the program have an academic advising system with related procedures and practices? What patterns of evidence demonstrate that the academic advising system effectively guides students from the point of program selection to graduation?
- h. What documented evidence demonstrates that the program's academic calendar meets state/provincial and federal regulations, and is consistent with regional higher educational patterns? If the calendar utilizes an alternative pattern that differs from higher education norms or those reflected in its region, are clear, published policies in place to explain those differences and ensure compliance with regulatory requirements?
- i. What published policies define programmatic guidelines for awarding academic credit (credit hour definition)? What documented evidence demonstrates that policies for awarding academic credit are commensurate with normative academic and/or governmental definitions, including the Commission definition of a credit hour (see the Standards and Policies Manual Glossary)? What patterns of evidence demonstrate that policies for awarding academic credit are applied to all programs, including those that include credit awarded based on direct assessment of intended learning outcomes, if applicable?

- j. What policies and procedures govern grading of student work? Are these policies published and accessible to relevant stakeholders? What patterns of evidence demonstrate that the grading system reflects integrity and ensures fairness and consistency? What patterns of evidence demonstrate that the grading system conforms to higher education norms and facilitates transfer of academic credit?
- k. What procedures are used to verify student identity and ensure that the person receiving credit is the person completing the work? If students are charged for computer applications or other means of verifying student identity and academic integrity, what patterns of evidence demonstrate that these costs are communicated to students in writing at the time of registration?
- l. What policies govern advanced standing for master-level programs? Do these policies require that a minimum of 50% of semester hours applied to degree requirements are awarded from curricula designed for and delivered at the graduate level? What patterns of evidence demonstrate that advanced standing policies are adhered to consistently?
- m. What policies ensure that a minimum of 25% of semester hours required for an undergraduate degree and 33% of semester hours required for a graduate degree are earned through the institution awarding the degree? What patterns of evidence demonstrate that such policies are adhered to consistently?
- n. Does the program publish a clear statement of graduation requirements? What documented evidence demonstrates that graduation requirements are approved by the faculty? What patterns of evidence demonstrate that graduate requirements are consistently applied?
- o. What policies and procedures ensure accurate and secure student records consistent with regulatory requirements? What patterns of evidence demonstrate that these policies and procedures are adhered to consistently?

Undergraduate Education

- a. What documented evidence demonstrates that bachelor's degree programs require the equivalent of a minimum of 120 semester hours, and all associate degree programs require a minimum of 60 semester hours?
- b. What documented evidence demonstrates that academic programs meet Bible/theology core requirements as documented in Standard 7, EE 17 and the *Policy on Biblical/Theological Studies*?
- c. What documented evidence demonstrates that degree programs meet General Studies core requirements (e.g., include at least one course in each of the following categories: communication, humanities/fine arts, social/behavioral sciences, and natural sciences/mathematics), as documented in Standard 7, EE 18 and the *Policy on General Studies*?
- d. What documented evidence demonstrates that professional and ministry bachelor's degree programs offered include the equivalent of a minimum of 18 semester hours of professional and/or ministry studies (courses that provide an understanding of and competence in a vocational field)?

Graduate Education (Master's and Doctoral Levels, if offered)

- a. What documented evidence demonstrates that master's degree programs require the equivalent of a minimum of 30 semester hours, and M.Div. degree programs require the equivalent of a minimum of 72 semester hours? What documented evidence demonstrates that doctoral degree programs require the equivalent of a minimum of 30 semesters hours beyond the master's degree?

- b. What prerequisite and/or curricular requirements are designed to ensure that students are prepared to pursue graduate studies generally, and in their field of study? What patterns of evidence demonstrate that these requirements support student success in graduate education?
- c. What documented evidence demonstrates that graduate program curricula are cohesive, and are designed to advance student's academic knowledge, research skills, and professional expertise substantially beyond that required of undergraduate programs? What patterns of evidence demonstrate that these curricular elements effectively advance student academic knowledge, research skills, and professional expertise substantially beyond that required of undergraduate programs?
- d. What documented evidence demonstrates that graduate program curricular elements (prerequisites, curricular requirements, and/or program-level learning outcomes) require students to demonstrate significant ability to engage in biblical integration and theological reflection in relation to their academic or professional discipline? What patterns of evidence demonstrate that these curricular elements result in the development of significant ability to engage in biblical integration and theological reflection specific to the chosen discipline?

Specific to Doctoral Education (if offered)

- a. What documented evidence demonstrates that doctoral-level programs are designed to build upon and advance students beyond the levels of knowledge and competence required of master's level programs? What patterns of evidence demonstrate that doctoral students actually advance beyond the levels of knowledge and competence required of master's level programs?
- b. What documented evidence demonstrates that doctoral-level programs are designed to ensure that doctoral candidates demonstrate a comprehensive understanding and mastery of the knowledge and skills appropriate to the chosen field of study? What patterns of evidence demonstrate that doctoral candidates actually demonstrate a comprehensive understanding and mastery of the knowledge and skills appropriate to the chosen field of study?

8. Learning Resources and Services

- a. What patterns of evidence demonstrate that the content and formats of the program's collection of learning resources (physical and/or digital) is appropriate to the program's curriculum, course offerings for all locations, instructional modalities, and languages of instruction? What patterns of evidence demonstrate that the collection is appropriately current? What patterns of evidence demonstrate student usage of learning resources?
- b. What patterns of evidence demonstrate the availability of reference services, technical services, and circulation services that effectively support the research and information needs of the program's learning community (faculty and students)?
- c. What patterns of evidence demonstrate that curricular requirements, classroom instruction, and reference services support development of information literacy skills for the program?

9. Student Development and Success

- a. How do student services demonstrate a commitment to the holistic development of students in the program? How are student services consistent with the program's outcomes and the institution's mission? How are student services consistent with an educational community of belonging?

- b. How do student services support diverse student needs (e.g., physical disabilities, learning disabilities, mental and physical health and wellness) for the program? How do student services support diverse student abilities (e.g., writing center, tutoring support)? How do student services support diverse student cultures (e.g., international students, ethnicity categories)? What patterns of evidence demonstrate that appropriate services are provided for every student regardless of location or educational delivery system?
- c. How are at-risk students identified? What student services address the needs of at-risk students? What patterns of evidence demonstrate that the services provided improve student achievement and/or retention?
- d. How and when does the program communicate with students about available support services? What patterns of evidence demonstrate such communication is clear, timely, and ongoing?
- e. What patterns of evidence demonstrate the program's commitment to the spiritual formation of students? What spiritual formation programs or practices foster growth in students' personal faith and/or spiritual development? What patterns of evidence demonstrate the spiritual growth of students?
- f. How do the academic and/or co-curricular programs intentionally prepare students for ministry? How do the academic and/or co-curricular programs intentionally prepare students to be effective witnesses for Christ? How do these programs intentionally prepare students as servants and workers for the Church, and for their communities? What patterns of evidence demonstrate effective ministry preparation for all students?
- g. What systems are in place that encourage student input to programmatic decision-making? What patterns of evidence demonstrate that the program considers such input in decisions affecting students?

Appendix D

Documenting Compliance with COA Standards (suggested sources)

Sources typically used as evidence for documenting compliance with the COA Standards for Accreditation are offered below. In general, institutions that meet the Standards for Accreditation will meet the Conditions of Eligibility, since the Conditions are presumed as a foundation for the Standards.

Conditions of Eligibility

- 1. Tenets of Faith**
Board Notes, Copy of signed Tenets of Faith
- 2. Nonprofit Status**
Status Letter confirming 501(c)3 status
- 3. Authorization**
Charter, Articles of Incorporation, governmental certificate or letter (authorization to grant degrees, certificates)
- 4. Institutional mission**
Constitution, academic catalog, website, board minutes (adoption)
- 5. Governance**
Bylaws, roster of board members (minimum 5), denominational authorization (if applicable)
- 6. Chief executive officer**
Bylaws, board policy, contract, job description, evidence of limited non-institutional commitments, budget
- 7. Catalog**
Academic catalog (cite pages for each required element)
- 8. Student achievement and public accountability**
Website (outcomes page—graduation and placement rates)
- 9. Learning resources**
Library collection analysis by subject, comparison to syllabus bibliographies or ABHE Library Guidelines, database listings, agreements with other libraries
- 10. Technology**
Technology Handbook, machine replacement schedule, user data (aggregate), LMS/CMS contracts
- 11. Faculty qualifications**
Faculty roster by program (1 qualified faculty overseeing every program/major offered)
- 12. Academic programs**
Academic catalog, program outlines

13. Biblical/theological studies

Academic catalog, program outlines (must show hours in Bible/theology for each undergraduate program)

14. General studies

Academic catalog, program outlines (must show hours in general studies for each undergraduate program)

15. Ministry formation

Academic catalog, ministry formation handbook, records (what percentage of students participated in last 3 years)

16. Student body

Registrar's report (enrollment for last 3 years)

17. Program completion

Registrar's reports (number of graduates in recent years), graduation records

18. Admissions policy

Academic catalog (admissions section)

19. Institutional stability and capacity

Registrar's reports, board tenure, administrative tenure, faculty tenure, financial statements (documents demonstrating limited fluctuations)

20. Financial base

Financial statements, opinioned external financial audits (last 3 years)

21. Income allocation

Budget (showing distribution between educational operations, public service, auxiliary businesses)

22. Annual audit

Complete annual, independent, opinioned external financial audit reports with management letters (last 3 years)

Verified by Commission Office:

23. Agency disclosure**24. Compliance****25. Public disclosure****26. Arbitration**

Institutional Accreditation Standards

Standard 1: Integrity and Mission

- Academic catalog; stakeholders' handbooks (Board, Administration, Faculty, Student, Staff, etcetera); website (mission statement, grievance & discipline policies, conflict of interest policies, intellectual property policies, copyright policies; hiring/firing protocols); Records/minutes of stakeholder meetings (Board, Administration, Faculty, Student, Staff, etcetera); Recruitment and promotional materials; Representation of accreditation status; Financial audit, budget, and revenue/expenditure reports; Grievance/complaint records; Documented communications between institution and state/regulatory agencies; Campus Security statistics; Board rosters and biographies)

Standard 2: Institutional Planning and Assessment

- Written documents comprising components of the institutional self-study (comprehensive Institutional Assessment Plan and the comprehensive Institutional Improvement Plan)
- President's/Chief Executive's Office
 - President's Report to the Board of Governors
 - Reports to the Board of Governors from varying departments of the institution
 - Reports to the State in which the institution is located
 - Publications distributed to donors regarding institutional finances
- Business Office
 - Annual external financial audits
 - Quarterly reports to the Board
 - Budget reports to administrators throughout the year
- Academic Office
 - Dean's reports to the Chief Executive Officer
 - Faculty rosters with qualifications for course assignments
- Student Life Office
 - Dean's reports to the Chief Executive Officer
 - Minutes from Student Government Association
- Development Office
 - Analysis of Donors in the institution's donor development program
 - Reports of major institutional development events
- Registrar's Office
 - Enrollment information from each year (FTE, Headcount, total credits)
 - Number of hours taught by faculty each semester
 - Class schedules and course enrollment statistics for recent semesters
- Institutional Effectiveness Office
 - Department goals and assessment reports
 - Job responsibilities/contract expectations for director(s) of IE Office
 - Assessment survey data
 - ABHE Bible Content Examination results
 - National Survey of Student Engagement results
 - Student Satisfaction Inventory results (Noel-Levitz)
 - Collegiate Assessment of Academic Proficiency results (ACT)
 - Best Christian Workplaces Engagement Survey results
 - Alumni survey results
 - Website/Outcomes results
 - Mission specific outcome results, graduation rates, placement/employment rates, retention rates, licensure pass rate where licensure is expected, student learning outcomes, institutional effectiveness/organizational operation(s) outcomes

Standard 3: Authority and Governance

- Board documents: Articles of Incorporation, Constitution and Bylaws; board manual; board conflict of interest policy; records of board meetings; board roster; board committee rosters and records of meetings; board diversity/professional experience analysis; organizational chart; documents of state approval/statute authorization to offer institution's education within jurisdictions outside of home state of the physical campus/administrative hub of the online institution

- Board oversight: Bylaws, legal documents, board manual (business management policies, budget authorization, development authorization, board policies on bonds, annuities, investments, debt, property controls), board minutes (implementation of policies)

Standard 4: Administration, Staff and Faculty

- Records and communication protocols for Administrative Officers/members of the Administrative Council (e.g., Chief Executive Officer, Executive VP, Chief Academic Officer, Chief Student Development Officer, Chief Financial Officer, Chief Development Officer), including frequency of meetings and purview of authority/conversation
 - Institutional Bylaws; organizational chart; administrative roster; position descriptions; curriculum vitae/job resumes; administrative/faculty/staff handbooks; records of faculty meetings; personnel review documents;
- Administrative Handbooks/Policy Manuals/Stakeholder Files
 - Records policy; location & security of board minutes; personnel files; student files; audited financial statements; academic catalogs; student directories; annual reports of various departments
- Staff Handbooks/Policy Manuals/Stakeholder Files
 - Personnel files; staff handbook; organizational chart; position descriptions; salary schedule; work schedule; agendas and records of staff meetings; record of development activities; insurance policies; personnel satisfaction surveys; written documents outlining Standard Operating Procedures (SOPs); crises management documentation (emails, training manuals, online instructions, etcetera)
 - Faculty Handbooks/Policy Manuals/Stakeholder Files
 - Faculty qualifications
- Faculty roster listing all courses assigned and qualifications (graduate degrees, concentration or credits in discipline), statement of faith policy/signed statements, faculty evaluations, official transcripts, professional vitae, professional development record, publication record
 - Faculty organization
- Bylaws, faculty handbook (provisions for faculty governance), chief academic officer position description, faculty position descriptions, standing committee assignments, faculty minutes, committee minutes; designations for faculty status (appropriate persons); intellectual property policy; academic freedom policy
 - Faculty engagement
- Appointment policy; tenure policy; recent schedules; workload studies; adjustments for administrative duties; overload policy; student to faculty ratio; percentage of instruction by fulltime faculty; faculty review materials; course and faculty member evaluation materials (surveys, notes from townhalls, etcetera)

Standard 5: Financial and Physical Resources

- Accounting: Audited financial statements, chart of accounts, restricted funds, transfer policies, general ledger entries
- Budgeting: Administrative manual, procedures manual, participants roster, budget development calendar, administrative council & board minutes (approval)
- Financial management: Bylaws, organizational chart (purchasing, collections, budgetary control, payments, bookkeeping, student financial accounts, financial reports under CFO), board manual (investment policy), board minutes (investment controls), operations satisfaction surveys
 - Internal controls: Administrative manual, procedures manual, reporting structure, cash disbursement protection, mail/receipt procedures

- Business records: Administrative manual, records policies, records retention & security, schedule of insurance policies, schedule of student financial aid disbursements, budget reports, audited financial statements, collection policies, history of write-offs
- Physical documents: Campus Master Plan, facilities analysis (size, function, furnishings), facilities usage analysis, maintenance schedules, department staffing rosters, position descriptions, property appraisals, insurance policies with adequate coverage, fire inspections, fire-resistant records storage, emergency preparedness plan, equipment inventory, facilities satisfaction surveys, ADA compliance reports
- Equipment inventory, technology needs analysis, technology use logs, network statistics, maintenance schedules, department staffing rosters, position descriptions, cybersecurity policies, budget allocation, student/staff orientation schedules, training resources

Standard 6: Enrollment Management

- Recruitment: Website, promotional materials, form letters, events schedule, tracking records, results analyses
- Admissions: Academic catalog (admission section), website, admissions criteria (academic & spiritual), admissions policies, sample admissions checklist, ability to benefit policy, special student classification, student files, admissions testing requirements, admissions testing results, transfer policy, transfer evaluation criteria, sample transfer evaluations, ability to benefit policy (students who are provisionally admitted), ability to benefit testing requirements & results, articulation agreements, sample validation of transfer work from unaccredited institutions
- Student Financial Services: Academic catalog, student handbook, refund policies, financial aid handbook/policies, scholarship award records, scholarship committee minutes, federal financial aid audits, federal financial aid notification letters, financial counseling information, financial assistance policies, write-off records

Standard 7: Academic Programs and Policies

- Academic catalog, program goals/objectives, outcomes assessment data, curriculum analysis (biblical/theological studies, general studies, professional studies), faculty minutes (curriculum review and approval of graduation requirements), complete syllabi, course paper/project samples, evaluation rubrics, integration analysis, course sequencing, breadth of disciplines for general studies, internship assessments (analysis of rigor), employment/placement statistics, graduate admission statistics, credit hour definition, course syllabi (calculation of academic engagement time), academic calendar, course schedules, student records, security protocols/policies for student records, student verification protocols, graduation requirements

Standard 8: Learning Resources and Services

- Library handbook, librarian's annual reports, library personnel vitae, faculty minutes (librarian involvement), acquisition policy, collection analysis reports, circulation statistics, subscription records, database records, agreements with other libraries, collection breakdown per discipline and major, analysis of resources secured by agreements with other libraries, orientation outlines/handouts, descriptions of services, interlibrary loan contracts and use analysis, information literacy program and assessments

Standard 9: Student Development and Success

- Student development

- Academic catalog (admissions & placement testing, services for at-risk students at-risk tracking forms, retention reports), student handbook (philosophy, objectives), spiritual formation expectations (chapel, personal devotions, spiritual growth), lifestyle standards, schedule of activities, student handbook (spiritual/relational expectations),
- Student services and formation
 - Student handbook, description of available services (on-campus, nearby), counseling handbook, resident director/assistant handbook, counselor credentials, referral statistics, emergency protocols, athletic handbook, participation requirement,
- Student input on institutional decision-making
 - Student government charter, student organizations policies, record of input from student organizations into institutional planning, communications regarding student organizations

Appendix E

Institutional Assessment Plan (suggested outline)

Title Page

Table of Contents

Introduction

 Background and History of the Institution

 Institutional Mission and Goals

 Process and Participants Involved in Developing the Assessment Plan

Assessment of Student Learning

 Institutional Objectives

 Objective 1 . . .

 Objective 2 . . .

 Objective 3 . . .

 Program Objectives

 Program 1 *[name]*

 Objective 1 . . .

 Objective 2 . . .

 Program 2 *[name]*

 Objective 1 . . .

 Objective 2 . . .

[Expand as needed. Describe the instrument used or evidence gathering method employed, cycle or frequency of data gathering, office/person responsible for each element, benchmarks or defined results for success for each outcome.]

Assessment of Institutional Effectiveness

 Administrative Unit 1 *[name]*

 Objective 1 . . .

 Objective 2 . . .

 Administrative Unit 2 *[name]*

 Objective 1 . . .

 Objective 2 . . .

[Expand as needed. Describe instrument used or evidence gathering method employed, cycle or frequency of data gathering, office/person responsible for each element, benchmarks or defined results for success for each outcome.]

Appendices

 Instruments, Rubrics, Data Summary Tools

 Assessment Results

 Institutional Effectiveness Report(s)

Appendix F

Assessment Instruments (suggested rotation)

The following assessment model grew out of a project led by Dr. Dale Mort of Lancaster Bible College. The model is intended to serve as a general assessment of student achievement relating to *typical* outcomes among ABHE member institutions. The model does not deal with program or institution specific assessments. It does not, for example, deal with retention rates, completion/graduation rates, or placement rates. The Commission recommends it as an illustration of responding to Standard 2.¹

Category	Year 1	Year 2	Year 3
	1st Sem. Freshmen	1st Sem. Freshmen	1st Sem. Freshmen
Bible Knowledge	ABHE Bible Knowledge Exam	ABHE Bible Knowledge Exam	ABHE Bible Knowledge Exam
Spiritual Formation	Furnishing the Soul Inventory ²	Furnishing the Soul Inventory	Furnishing the Soul Inventory
Student Engagement, Learning Outcomes		National Survey of Student Engagement	ETS Proficiency Profile OR ³ Collegiate Assessment of Academic Proficiency (CAAP)
	2nd/3rd Yr. Students	Faculty/Staff	Faculty/Staff
Student / Employee Satisfaction	Student Satisfaction Inventory Noel-Levitz	Institutional Priorities Survey Noel-Levitz	Best Christian Workplaces
	2nd Sem. Seniors	2nd Sem. Seniors	2nd Sem. Seniors
Bible Knowledge	ABHE Bible Knowledge Exam	ABHE Bible Knowledge Exam	ABHE Bible Knowledge Exam
Spiritual Formation	Furnishing the Soul Inventory ²	Furnishing the Soul Inventory	Furnishing the Soul Inventory
Student Satisfaction, Engagement, Learning Outcomes	Student Satisfaction Inventory Noel-Levitz	National Survey of Student Engagement	ETS Proficiency Profile OR ³ Collegiate Assessment of Academic Proficiency (CAAP)
	Other		
Alumni	Alumni survey administered every five years ⁴		

¹ Note: (1) This schedule is meant to identify some means of assessing the major institutional-wide outcomes. Not all areas of interest, most notably course-level accomplishment of learning outcomes, are included. (2) This rotation provides institutions with just one means of assessing each of these critical areas. Additional means should be incorporated to provide “triangulation” of assessment findings.

² Since some CCCU institutions administer the Furnishing the Soul Inventory, ABHE institutions may find it advantageous to administer this inventory occasionally for comparative data.

³ ABHE institutions participating in the survey project were evenly split between those which use the ETS Profile and those which use the CAAP.

⁴ One of the main goals of an alumni survey is to track employment, service, and graduate school placement rates for graduates.

Appendix G

ABHE Outcomes and Suggested Rubrics

OUTCOME 1: Exhibit knowledge of the Bible and essential Christian doctrine by interpreting Scripture through proper exegetical techniques.

EXEMPLARY	PROFICIENT	DEVELOPING
1 Able to verbalize the backgrounds and major themes of the books of the Bible and to trace the flow of redemptive history from creation to consummation, identifying key historical events	1 Able to verbalize some of the backgrounds and major themes of the books of the Bible and to trace most of redemptive history from creation to consummation, identifying most key historical events	1 Has only a vague awareness of the general content in each book of the Bible and a vague understanding of the flow of redemptive history from creation to consummation; able to identify a few key historical events
2 Able to compare and contrast the key aspects of the major topics in Christian doctrine with biblical support and can explain the support for differing viewpoints.	2 Able to define major topics in Christian doctrine with some biblical support but does not understand the cause of differing viewpoints.	2 Has a familiarization with major topics in Christian doctrine but lacks the knowledge of biblical support for the doctrine or the causes for differing viewpoints.
3 Demonstrates proficiency in analyzing and interpreting the original meaning of scripture through the use of appropriate tools and exegetical skills and the ability to defend the interpretation against differing viewpoints.	3 Demonstrates adequate proficiency in analyzing and interpreting the original meaning of scripture through the use of appropriate tools and exegetical skills but lacks the ability to defend the interpretation against differing viewpoints.	3 Demonstrates a lack of proficiency in using exegetical tools and skills or the ability to defend interpretation of Scripture.

MEANS OF ASSESSMENT

ABHE Bible Knowledge Exam / course embedded assessments / capstone projects / internship, practicum, field education evaluations / supervisor or peer surveys of those sitting under graduate's ministry

OUTCOME 2: Practice spiritual disciplines necessary for a lifelong and maturing personal relationship with Jesus Christ.

EXEMPLARY	PROFICIENT	DEVELOPING
1 Demonstrates the knowledge of specific spiritual disciplines for Christian growth and reasons for practicing them. Can discuss personal integration of a variety of spiritual disciplines and identify evidences of growth in a personal relationship with Jesus Christ.	1 Demonstrates the knowledge of specific spiritual disciplines for Christian growth and can identify specific instances when spiritual disciplines are practiced but one or more key disciplines are not being practiced. Can identify evidences in life of having a relationship with Jesus Christ.	1 Demonstrated the knowledge of some spiritual disciplines for Christian growth and the beginning of a personal relationship with Jesus Christ. Can relate a few instances of having practiced a few specific spiritual disciplines.

2	Evidences the outworking of Christian maturity through consistent speech and action as evaluated by others and through self-assessment.	2	Evidences the outworking of Christian maturity through generally consistent speech and action as evaluated by others and through self-assessment.	2	Evidences the need for significant growth in Christian maturity in speech and action as evaluated by others and through self-assessment.
---	---	---	---	---	--

MEANS OF ASSESSMENT

Spiritual formation assessment instruments / Journals and Portfolio assignments / Internship, Practicum, Field Education Evaluations / Supervisor or Peer Surveys of those sitting under graduate's ministry

OUTCOME 3: Use analytical and research skills in locating, evaluating, and applying information for life and ministry.

EXEMPLARY	PROFICIENT	DEVELOPING
1 Demonstrates the ability to locate, evaluate, and organize data into a cohesive argument. Applies excellent critical thinking to evaluate all information sources. Recognizes the utility of different information sources and uses appropriate sources in each context. Understands the counterarguments of a topic and can respond to one's own decision for which is best.	1 Can find sufficient information in various areas. Attempts to evaluate information sources through critical thinking. Gathers data and organizes it in a cohesive argument. May fail to recognize the utility of different sources and/or respond to conflicting ideas.	1 Gathers data but not from the best sources and arguments are lacking the necessary data to make them strong. Seeks information from a limited range of sources. May not evaluate information sources, or may do so without a coherent critical framework.

MEANS OF ASSESSMENT

Course embedded assignments / Capstone Projects / Portfolio pieces / scores on SAILS, iSkills, or other information literacy instruments / evidence of success in graduate work (theses, dissertations, records of study)

OUTCOME 4: Articulate a broad range of knowledge in the natural and social sciences, humanities, and the arts as part of a well-rounded Christian life based upon a biblical worldview.

EXEMPLARY	PROFICIENT	DEVELOPING
1 Can articulate how Christian faith intersects with natural and social sciences, humanities, and the arts. Provides a thoughtful response to the issues in these fields that seem contrary to biblical revelation.	1 Has an understanding of the natural and social sciences, the humanities and the arts. Is able to explain how Christian faith intersects with these.	1 Has a basic understanding of the natural and social sciences, the humanities and the arts. Still has trouble reconciling data that conflicts with biblical revelation.
2 Given a contemporary problem from a randomly selected field of the arts and sciences, the student demonstrates an expert ability to bring both current research and biblical insight to bear upon that problem in suggesting a potential solution.	2 Given a contemporary problem from a randomly selected field of the arts and sciences, the student demonstrates a basic ability to bring both current research and biblical insight to bear upon that problem in suggesting a potential solution.	2 Given a contemporary problem from a randomly selected field from the arts and sciences, the student demonstrates only a scant ability to bring both current research and biblical insight to bear upon that problem in suggesting a potential solution.

3	Able to demonstrate a broad understanding of human knowledge. Able to talk cogently about contemporary events/customs/culture and their impact on Christian living.	3	Able to demonstrate a basic understanding of human knowledge. Able to share about contemporary events/customs/culture and their impact on Christian living.	3	Able to grapple with the "life issues" of human existence and in a minimal way talk about their impact on Christian living.
4	Actively engages a world view on the basis of its own presuppositions, expressing it in the best possible light. Proposes realistic ways to extend a world view to life and ministry. Draws conclusions, formulates a mature response and makes applications consistent with articulated worldview.	4	Demonstrates sympathy to the issues that lead a world view to function as it does. Insights are helpful and generally consistent with their world view, but not fully developed.	4	Identifies issues connected with a world view, although does not always present them carefully or charitably. Proposed applications are unrealistic; too broad or too general.

MEANS OF ASSESSMENT

Course embedded assignments / Capstone Projects / Portfolio pieces / scores on CAAP or ETS Proficiency Profile or other the arts and sciences assessment instruments / Biblical World View Assessment instruments / Supervisor or Peer Surveys of those sitting under graduate's ministry

OUTCOME 5: Exercise a variety of effective communication skills useful for life and ministry.

EXEMPLARY	PROFICIENT	DEVELOPING
1 Communicates information clearly through a variety of media. Message shows consideration of audience, purpose and context. Incorporates affective as well as cognitive elements in communication.	1 Clearly communicates information through various media. Can use multiple media based on the communication task given.	1 Communicates basic information through at least some media. Can make some use of at least oral and written communication.
2 Written Communication follows standard conventions and is virtually free from grammatical, spelling, and punctuation errors. Uses a variety of sentence structure. Vocabulary reflects mastery in writing and speaking. Incorporates commendable organization of thought evidenced by clearly identifiable introduction, main points, supporting evidence, and conclusion.	2 Written Communication follows standard conventions and has a few grammatical, spelling, punctuation and sentence structure errors. Vocabulary above elementary level. Includes greater variety in sentence structure. Incorporates clear organization of thought evidenced by apparent introduction, main points, and conclusion. Main points may or may not be sufficiently supported.	2 Written communication does not meet a satisfactory level of grammatical, spelling, punctuation, and sentence structure. Vocabulary is limited. Lacks variety in sentence structure. Has poor organization of thought with weaknesses in identifying introduction, main points, supporting evidence, and conclusion.
3 Demonstrates oral communication skills that follow standards for good public speaking and creates the desired response.	3 Demonstrates oral communication skills that follow standards for good public speaking with a few flaws.	3 Demonstrates poor oral communication skills.

4 If appropriate, demonstrates electronic communication skills that follow appropriate standards for conventions, aesthetics, variety, consistency, engagement, accessibility, and layering.	4 If appropriate, demonstrates electronic communication skills that follow appropriate standards for most of the following: conventions, aesthetics, variety, consistency, engagement, accessibility, and layering.	4 Unable to demonstrate electronic communication skills that follow appropriate standards.
--	---	--

MEANS OF ASSESSMENT

Course embedded assignments / Capstone Projects / Portfolio pieces / scores on SAILS, iSkills, or other information literacy instruments / evidence of success in graduate work (theses, dissertations, records of study) / supervisor or peer surveys of those sitting under graduate's ministry

OUTCOME 6: Articulate the value of human beings as created in God's image and support that belief through Christ-like acts of service.

EXEMPLARY	PROFICIENT	DEVELOPING
1 Can articulate Scriptural reasons for valuing all human beings. Able to address issues of injustice from Scriptural principles. Can identify actions in his/her life that demonstrate valuing of all human beings. Can explain the importance of creation by a Creator to a theology of human value.	1 Can explain a belief in the individual value of all human beings. Can identify Scriptural support for this belief. Can discuss how this belief should motivate action in a Christian's life.	1 Can express a belief in the individual value of all human beings. Can explain the need for Scriptural support for this belief.
2 Articulates the importance of service for biblical Christianity. Can identify Scriptural bases for the service in the Christian life. Can point to specific, regular practices in his/her life that demonstrate lived commitment to Christian service.	2 Able to articulate the importance of service for Christians. Can identify Scriptural calls for service in the Christian life. Can point to instances in his/her life that demonstrate a lived commitment to Christian service.	2 Able to express a belief in the importance of service for Christians. Can express a belief that Scripture supports this belief. Can identify specific behaviors that would exemplify Christian service.

MEANS OF ASSESSMENT

Course embedded assignments / journal and portfolio assignments / Christian service and student ministry evaluations / internship, practicum, field education evaluations / spiritual formation assessment instruments / alumni surveys / supervisor or peer surveys of those sitting under graduate's ministry

OUTCOME 7: Articulate the essential elements of the Gospel and the Christian faith in a variety of cultural settings.

EXEMPLARY	PROFICIENT	DEVELOPING
1 Clearly articulates the essentials of the Gospel with Scriptural support. Demonstrates the ability to contextualize the Gospel message in different cultural traditions.	1 Can articulate the essential elements of the Gospel. Can respond to cultural differences in articulating the Gospel.	1 Knows the essential elements of the Gospel. Demonstrates awareness of cultural differences.

2 Will have successfully participated in a range of encounters demonstrating the acquisition of necessary skills and attitudes for cross-cultural communication of the Gospel.	2 Will have participated in a range of encounters demonstrating the acquisition of basic skills and attitudes for cross-cultural communication of the Gospel.	2 Will be able to articulate the need for communicating the Gospel cross-culturally.
--	---	--

MEANS OF ASSESSMENT

Evaluation of cross-cultural Internship / capstone or other cross-cultural project / journal or portfolio assignments

OUTCOME 8: Employ leadership and other relational skills that reflect a biblical worldview in a chosen field of service or vocation.

EXEMPLARY	PROFICIENT	DEVELOPING
1 Exhibits servant-leadership when given responsibility for leading. Exhibits interpersonal skills such as awareness of cultural differences, listening, perceptiveness, conflict resolution ability, etc. Consistently behaves in accordance with Christian principles of decorum and ethics.	1 Demonstrates ability to lead somewhat effectively but is lacking in some leadership and/or interpersonal skills. Behaves with Christian decorum and ethics.	1 Exhibits potential for leadership, though may lack practical skills. Seeks God's direction for vocation.
2 Demonstrates an extensive set of knowledge and skills for chosen vocation and conceives of the vocation as ministry. Adapts general principles to specific vocational contexts. Able to articulate a biblical world view of chosen vocation.	2 Demonstrates a core set of knowledge and skills necessary for chosen vocation and views the vocation through a Christian framework.	2 Exhibits a desire to serve God in chosen vocation and exhibits potential for leadership, though may lack practical skills and/or the ability to articulate a biblical world view of chosen profession.

MEANS OF ASSESSMENT

Journals and portfolio assignments / Christian service, student ministry evaluations / internship, practicum, field education evaluations / alumni surveys / supervisor or peer surveys of those sitting under graduate's ministry

Appendix H

Improvement Plan (suggested outline)

Title Page

Table of Contents

Introduction

- Background and History of the Institution

- History of Planning at the Institution

- Institutional Mission, Goals, and Values

- Process and Participants Involved in Developing the Improvement Plan

Strategic Plan

- Conclusions from Compliance Review

- Results from Assessment Activities

- Key Initiatives

- Indicators of Success

- Resources Required for Implementation

- Timeline for Implementation

- Offices/Persons Responsible for Implementation

Conclusion

Appendices (if needed)

Appendix I

Team Schedule (samples)

Institutional Accreditation Sample Visit Schedule Three Days

Travel Day	Afternoon	Team arrives
	6:00 pm	Team dinner with senior administrators of the institution
	7:30 pm	Team Executive Session (team only) at hotel meeting room
Day 1	7:30 am	Breakfast at hotel (team only)
	8:30 am	Team travels to campus
	9:00 am	Team gets settled into the workroom/document library, connections to Wi-Fi and printers are set up
	9:30 am	Campus tour including dorm room as needed (30 minutes maximum)
	10:00 am	Interviews begin—schedule determined by Team Chair in consultation with Team members and institution
	Noon	Lunch with representatives of the governing board or student government
	1:30 pm	Interviews, document review, draft writing
	4:30 pm	Team Executive Session at hotel, dinner at hotel or nearby
	8:00 pm	Individual writing in guest rooms
Day 2	7:30 am	Breakfast at hotel (team only)
	8:30 am	Team travels to campus
	9:00 am	Follow-up interviews, review documents, drafting of report
	Noon	Lunch in dining hall (with students, staff at random)
	TBD	Meeting with any members of the public who wish to comment
	1:30 pm	Follow-up interviews, review of documents, drafting of report
	3:00 pm	Team Executive Session, dinner at hotel or nearby
	8:00 pm	Individual writing in guest rooms
Day 3	7:30 am	Breakfast at hotel (team only)
	8:30 am	Team travels to campus
	9:00 am	Final Team Executive Session
	10:15 am	Team Chair and CSR meet with President for briefing
	10:30 am	Exit Interview with institutional leadership (by invitation of the President) and Team: Commendations, Suggestions, Recommendations
	11:00 am	Team leaves campus for airport

Programmatic Accreditation Sample Visit Schedule Two Days

Travel Day	Afternoon	Team arrives
	6:00 pm	Team dinner with senior administrators of the institution
	7:30 pm	Team Executive Session (team only) orientation at hotel meeting room
Day 1	7:30 am	Breakfast at hotel (team only)
	8:30 am	Team travels to campus
	9:00 am	Team gets settled into the workroom/document library, connections to Wi-Fi and printers are set up
	9:30 am	Campus tour
	10:00 am	Interviews begin—schedule determined by Team Chair in consultation with Team members
	Noon	Lunch with student government or random students/staff
	TBD	Meeting with any members of the public who wish to comment
	1:30 pm	Interviews, document review, draft writing
	3:00 pm	Team Executive Session, dinner at hotel or nearby
	8:00 pm	Individual writing in guest rooms
Day 2	7:30 am	Breakfast at hotel (team only)
	8:30 am	Team travels to campus
	9:00 am	Follow-up interviews
	9:30 am	Final Team Executive Session in campus workroom
	10:15 am	Team Chair and CSR meet with President for briefing
	10:30 am	Exit Interview with institutional leadership (by invitation of the President) and Team: Commendations, Suggestions, Recommendations
	11:00 am	Team leaves campus for airport

Appendix J

Document Library (typical materials)

Hard copies in the workroom (even if available electronically):

1. Campus phone directory for all offices
2. Campus map with primary offices identified
3. An up-to-date organizational chart

Electronic copies in an electronic document library or hard copies in the workroom:

1. A directory of the materials available, indicating their locations (e.g., official records, minutes, handbooks, etc.)
2. An up-to-date organizational chart
3. Class schedules for the current year and previous two years
4. Program outlines for all programs offered
5. Course syllabi/course outlines for each course in the curriculum. Included should be the course title, description, objectives, content, materials, learning experiences, requirements, and bibliography
6. Faculty rosters for the past three years with course assignments and faculty qualifications for each faculty member
7. Current academic catalog, publicity materials, institutional periodicals, promotional brochures
8. Policy manuals, such as handbooks for board, faculty, staff, students, library, student ministries, Student Council Constitution, Operations Manual, Alumni Constitution, etc.
9. Three most recent financial aid audits (if participating in Title IV)
10. Audited financial statements for the last three fiscal years
11. Budgets (revenue and expense), financial documents for the last three fiscal years
12. Institutional assessment reports
13. Registrar reports (enrollment data) for the last three academic years
14. Enrollment plan and projections

Access to the following should be made available to the team, either in the original secure file locations, electronically or in the workroom:

1. Minutes of governing board meetings (3 years)
2. Minutes of administrative council meetings (3 years)
3. Minutes of faculty meetings (3 years)
4. Minutes of student government meetings (3 years)
5. Minutes of alumni association meetings (3 years)
6. Faculty files (transcripts, professional development, awards, evaluation results)
7. Student grievance files

Materials viewed by the team will be uploaded to ABHE SharePoint for USDE documentation (excluding personnel files). An email communication will provide the link.

Appendix K

Institution Checklist for Evaluation Team Visits

Communication with Team Chair Begins

1. Review the Team Roster
 - a. Confirm that all information is correct.
 - b. To the best of your knowledge the evaluators do not have a conflict of interest in evaluating your institution. Please notify the ABHE office immediately if a conflict of interest is identified.
2. Appoint a Visit Coordinator
 - a. In charge of team visit arrangements, keeps the President and Team Chair informed and serves as a logistics coordinator for the team.
 - b. The Coordinator will need to be “on call” throughout the visit and should be accessible to team members by cell phone and email.
3. Provide airport information

8 - 12 Weeks Before the Visit

1. Book hotel rooms with a hotel meeting room (check with Team Chair for need of hotel meeting room)
 - a. Secure separate rooms with workspace for each member of the Evaluation Team at a business-class hotel (or equivalent) near the institution.
 - b. Secure a hotel where food service is offered onsite or is adjacent to a restaurant for meals.
 - c. A hotel work room is optional in advisement with the Team Chair. It should be a private meeting room, with a table and 7 chairs; needed only in the evenings, and potentially only the first night.
 - d. A printer or printer access should also be available in or near the conference room.
 - e. Internet access should be available in the conference room and guest rooms.
 - f. All hotel bills should be directly assumed by the institution—evaluators should not be expected to pay for their own lodging and seek reimbursement.
 - g. If an observer accompanies your team, the observer is responsible for all of his or her expenses. As a courtesy, it would be helpful to coordinate hotel arrangements on behalf of the observer at the same hotel.
2. Reserve a work room for the team at the institution
 - a. This room should be reserved for exclusive use of the evaluators throughout the visit.
 - b. This room should be secure, lockable, and sound-resistant in nature.
 - c. Internet access with password
 - d. Printer
 - e. Shredder
 - f. Campus phone and directory
 - g. Supply of paper (500+ sheets), pens, pencils, highlighters
 - h. Sufficient table or desk space to spread out material and prepare reports
 - i. Variety of snacks available
3. A tech support person should be available to assist team members who may have difficulty connecting to the network or printer.

4. Verify team transportation with the Team Chair who will assist in collecting travel information for the team.
 - a. The institution may coordinate airport pickup and/or shuttle service or the Commission Staff Representative will rent a vehicle for transportation of the team if the institution prefers.
 - b. All bills for local transportation expenses should be assumed by the institution unless otherwise specified.
5. Post notice of the Evaluation Team Visit on the institution's website
 - c. At least 60 days prior to the visit, a notice should be posted.
 - d. See the [Policy on Public Notification of Comprehensive Evaluation Visit](#) in the *COA Standards and Policies Manual* for the required wording.
 - e. Arrange a meeting for the public for a face-to-face audience with the team.
6. Self-Study documents must be received no later than eight (8) weeks prior to the visit (either via Weave or emailed to coa@abhe.org). Requested exceptions must be submitted to the COA office by email and received five (5) business days before the deadline!

Two options to submit Self-Study documents:

1. A Weave Self-Study submission. All documents and exhibits will be submitted within Weave. Please contact coa@abhe.org with any questions.
 - a. All institutions who became Applicants starting 2024
 - b. All institutions whose first self-study is due starting 2024
 - c. Anyone wishing to opt-in to Weave
2. Non-Weave submission will be an electronic copy of the five (5) Self-Study documents to coa@abhe.org
 - a. Assessment Plan
 - b. Compliance Document
 - c. Improvement Plan
 - d. Exhibits (numbered or 3-word description)
 - e. Regulatory Requirements Evaluation*
 - f. Statistical Abstract

Name the documents using this naming convention:

Format: 2024.SS Institution Name (State/Province) short description

Example: 2024.SS National Bible College (NJ) Improvement

Example: EX3.5 Org Chart

Each document's concise description will not exceed 15 characters or 3 words.

The Self-Study or updated Self-Study must be received no later than eight (8) weeks prior to the team visit.

4 - 6 Weeks Before the Visit

General

1. Consult with the Team Chair concerning the initial meeting between the administration and Team. Typically, this meeting occurs over dinner the night before the campus visit begins (also known as the Travel Day).
2. All lunches should be planned to be "working" in nature and occur on the campus (or meeting location of the Team Visit for online institutions.)

3. Evening meals will be coordinated by the Team Chair and will be near the hotel. Evening meals will involve Team members only.
4. The Team Chair will advise what interviews will need to be scheduled
5. The Team Chair will provide additional guidance on scheduling and preferences

Communicate to your institution

1. Communicate to institutional stakeholders to ensure that students, staff, administrators, faculty, and board members understand the purpose and agenda for the Team visit.
2. Campus life, atmosphere, and activity ought to be as normal and typical as possible
3. Team members will interview most administrators and some full-time faculty, staff, students, student council and board members
4. Schedules should be made as flexible as possible on the days of the visit
5. Interviewees should be encouraged to be candid
6. No evening activities should be planned for the team
7. Unrelated conversations and distractions should be kept to a minimum
8. Some evaluators may observe chapel or other activities, but team members will not be able to participate in campus activities
9. Team members will want to visit a few classes and would appreciate that
 - a. No tests scheduled during the visit
 - b. An empty chair available near the door
 - c. No special reference be made to team members

1 - 2 Weeks Before the Visit

1. Confirm travel logistics with the Team Chair
 - a. A cell phone number of the individual who will pick team up from the airport
 - b. Communicate where you will meet team members at the airport
2. The Team Chair will advise the Accreditation Liaison or Visit Coordinator of the potential interviews that need to be scheduled.
3. Confirm and finalize the interview scheduled with Team Chair
4. Consult with the Team Chair to confirm items that may be needed in the workroom and items that may remain in the administrative offices.

2 Days Prior to the Visit

1. Stock the team workroom with supplies
 - a. See [Appendix J](#) for list
 - b. Password to Wi-Fi
 - c. Campus map if needed
 - d. Variety of snacks and beverages in or near the work room are appreciated.
 - e. Sufficient table or desk space to spread out material and prepare reports
2. Confirm and finalize the interview schedule with Team Chair
3. Name tags for Administration and Evaluation Team

During the Visit

1. Day One, provide a short tour of the physical campus (depending on the physical footprint of the campus, the tour should last 15-20 minutes).
2. Conduct a daily "check in" with the Team Chair and Commission Staff Representative to verify schedule and initiate adjustments that may be warranted.
3. Restock the work room with supplies, as needed.

4. Arrange for “runners” to be on call to secure any additional materials the team may need or to escort team members to interviews if locations may not be easy to find.
5. Have interview groups assembled and ready to meet with team members at appointed times.
6. Arrange for airport transportation immediately following the exit interview on the final day of the visit (typically 10:30-11:00 am).

After the Visit

1. The ABHE Commission Office will email the Evaluation Visit Report (EVR) to the President and Accreditation Liaison approximately 30 days after the visit.
 - a. Send a copy of the report to the Chair of the Board of Control.
2. Write the Response to the Visit Report (RVR) addressing the Evaluation Team’s Recommendations. Do not address Team Suggestions in the Response. The Response should not exceed 25 pages (typically 1-2 pages per recommendation), not counting appendices or exhibits.
3. Submit the Response to the Visit Report utilizing the Weave platform or if not, email a Word or PDF format Response to coa@abhe.org by the deadline established by the Commission Office.
4. For institutions being considered for candidacy or initial accreditation, the president and normally no more than two additional representatives, one of which may be a member of the board, will be expected to appear before the Commission at its February meeting to provide additional information and respond to questions.
5. Institutions being considered for reaffirmation are not required to send representatives but may request to do so by notifying the Commission office at least 60 days before the February meeting.

Financial Logistics to Note

1. ABHE will invoice the institution for the Evaluation Team Visit fee in advance of the visit.
2. Travel expenses will be submitted by evaluators to the COA Office. The COA Office will invoice the institution for the total travel expense.
3. Where feasible, the institution should assume payment of all local meals.
4. Direct billing (hotel restaurant) or a pre-paid Visa/MasterCard for team use are good alternatives.
5. Evaluators are from peer institutions and graciously serve as volunteers without compensation or honorarium. An institution is at liberty to show appreciation through comfortable hospitality, but appreciation cannot be in the form of money or expensive gifts.
6. A “goodie bag” of snacks and beverages in the hotel room to make the stay pleasant is quite appropriate. Institutions may give team members an appreciation memento of the trip (e.g., portfolio, shirt, book, coffee cup, etc.); however, the fair market value of such gifts should not exceed \$50.

Appendix L

Financial Responsibility Composite Score (FRCS)

In 1999, the U.S. Department of Education implemented a system for analyzing the financial strength of higher education institutions that are eligible to participate in the Title IV Federal Student Aid programs. While the composite score has weaknesses, it provides a comparative estimate of key factors that are commonly associated with financial instability.

The purpose of the analysis is to ensure that an institution has the financial capacity to complete the next academic year. It is not a declaration of long-term financial health and may vary from year to year. The score is capped at 3.0 with a minimum of negative 1.0. Healthy institutions have scores between 1.50 and 3.0. Institutions with scores between 1.0 and 1.49 are considered “in the zone” – weak, but stable. Institutions with scores below 1.0 are classified as “not financially responsible.”

The composite score is comprised of three factors: primary reserve ratio, equity ratio and net income.

The **primary reserve ratio** is a measure of an institution’s liquidity or ability to meet an unexpected emergency. To achieve the highest score on this ratio, an institution must have assets that can be converted to cash without consulting outside parties (such as bankers or donors) equal to approximately one-third of the annual expenditure budget. For most ABHE institutions, this is the most challenging ratio. Since it is not well understood by institutional administrators, it is not usually a factor in their financial decisions. Because of this, administrators often make decisions that can generate large swings in their overall score usually in the direction of lowering their score. For example, if they accelerate payments on debt, they will normally do so at the expense of their “liquidity” score. The classification of assets is very important in determining this score. By reclassifying assets as investments versus plant fund items, scores can change dramatically. **A strong primary reserve ratio is evidenced by liquid reserves equaling at least one-third of a year’s operating budget.**

The **equity ratio** is the ratio of debts to assets. For most ABHE institutions, it is simply the net equity in assets compared to the total value of assets. Essentially, as long as an institution’s debts do not exceed 50 percent of the book value of its assets, it will enjoy the highest equity score attainable under the formula. Most ABHE institutions meet this test with comparative ease. To calculate this ratio in the manner just described, you must set aside any financial reserves owned by the institution for the purpose of meeting retirement obligations. **A strong equity ratio is evidenced by at least 50% equity in institutional assets.**

The **net income ratio** deals primarily with the institution’s cash flow. This ratio reflects the extent to which the institution is operating in the “red” or in the “black.” The net income ratio is weighed at half the value of the other two ratios in the composite score. Presumably, it is not as important in reflecting financial strength as the other two ratios. Of course, without a doubt, part of the reason for weighting this factor so lightly is that it is very transient from one year to the next. **A strong net income is evidenced by an unrestricted operating surplus of at least four percent of total unrestricted revenue.**

Appendix M

Financial Indicators

(Financial Operation Questions in Annual Institutional Update)

Please respond based on your audited financial statement for the most recently completed fiscal year.

1. Is the most recently completed fiscal year independent financial audit complete?
2. Is the auditor's opinion unmodified/unqualified?
3. Did the auditor provide written notification of any material weaknesses or significant deficiencies in internal controls?
4. Is the institution compliant with all donor contribution restrictions?
5. Did the institution borrow from its restricted funds during the year?
6. Do you have any non-disputed financial obligations more than 60 days past due?
7. Are all salary, payroll taxes, and benefit obligations current?
8. Are you in compliance with all debt covenants?
9. Was total annual debt service greater than 5% of unrestricted revenue?
10. Did you borrow funds for operations (was the amount greater than increases in Property Plant & Equipment)?

Institutions having a Financial Responsibility Composite Score (FRCS) of less than 1.5 will need to provide an explanation. If you need to explain three or more of the Financial Operation questions on the Annual Institution Update (AIU) the institution will be placed on the Committee on Financial Exigency agenda for review.