

Clayton State University Senate Minutes

Faculty Senate Meeting Minutes

Date: February 09, 2026

Time Called to Order: 11:16 AM

Location: Microsoft Teams

Presiding Officer: Michael Lindsay, Chair

Senator Attendance

Present:

Arts & Sciences: Antoinette Miller, Michael Lindsay (Chair), Erica Gannon, David Peña

Business: Stacey Reynolds (Vice-Chair), Anthony Hannah

Health: Hae Ryong "Harry" Chung, Kendolyn Smith

STEM: Ken Nguyen, David Williams, Steve Burnett

Library: Adam Kubik, Erin Nagel

Absent:

Arts and Sciences: Eugene Ngezem

Business: Kate Cotter-Reilly, Christie Burton

Health: Crystal Marchant

STEM: Caroline Sheppard, Vivian Padin-Irizarry

General Attendance

Teams: Tuni Acosta, Arianne Adams, Latonia Alexander, Andrea Allen, Dennis Attick, Shuju Bai, Stephen Burnett, Kimberly Campbell, Lindsay Chandler, Penelope Cliff, Shannon Cochran, Shirnelle Council, Mesa Davis, Deborah Deckner, Kitty Deering, Martha Fairley, Elnora Farmer, Antoinette France-Harris, Michelle Furlong, Sonya Gaither, Nichelle Gause, Brian Goldman, Pamela Gordon, Joie Hain, Nayab Hakim, Feechi Hall, Anthony Hannah, Jonathan Harris, Charlie Harris, Dwayne Hooks, Jeff Jacobs, Ebrahim Khosravi, Christopher Kodani, Elliot Krop, Mary Lamb, Marcia Laurer, Michael Lindsay, Samuel Maddox, Joshua

Meddaugh, Antoinette Miller, Keith Miller, Jada Mitchell, David Murray-Stoker, Erin Nagel, Eugene Ngezem, Ken Nguyen, David Pena, Melanie Poudevigne, Hae Ryong, Lisa Smiley, Patricia Smith, Kendolyn Smith, Randall Snell, Ashlee Spearman, Shontelle Thrash, Jeanette Walley-Jean, Carol White, David Williams

In-Person: Attendance sign-in sheet attached

Note: Names of those in Teams and attending in-person are provided in both areas

Agenda

1. Introduction of Senators

- a) Roll call of Senators; attendance noted, quorum reached

2. Approval of Minutes

- a. December minutes approved
 - i. Pena moves; Gannon seconds

3. Remarks and Q&A – Dr. Georj Lewis, President

- a. Enrollment, Marketing, and Student Success
 - i. Moving in the right direction
- b. Student Affairs
 - i. Support students with their events
 - ii. Care referral
- c. ITS
 - i. Jim Pete - ADA Title II compliance due date quickly approaching
 - i. 4/23
 - ii. Not where we need to be given it is the beginning of February
 - iii. Working committee meeting and working on meeting deadline
 - iv. Reaching out to Georgia Tech Center for Inclusive Design and Innovation
 - v. Communication about ADA coming out later this month
 - vi. Will also be sending out a survey, more in communication coming
 - vii. GT has digital access website - gives a good outline of what goals are
 - viii. It is going to take all of us to ensure we meet compliance moving forward
 - a. Any document you electronically post, ensure it is accessible. Microsoft has an accessibility checker. Think about images and alt text. Must be accessible, and running a checker is simple.
 - i. Not just front facing, but anything a student can access
 - ii. Includes development and delivery

- iii. Martha CELT - D2L has a checker. Posted text images are not accessible.
- iv. More communication towards the end of the month.
- v. Also includes contractors etc. so procurement process will need to change to account for meeting accessibility. Will involve the use of a template for vendors
- vi. Guidance on what will need to be updated will be communicated this month
- vii. Universities are struggling with this
- viii. Sen. Williams - Concerned that certain subjects can be overburdened by meeting compliance. Example is lectures, trust auto-cc, about as good as what you see on TV, if not worse and technical jargon can get missed. Increases burden on faculty further. How do I convey technical information that may be based on a visual diagram?
 - i. Martha - it is difficult and we are working on coming up with solutions. We are new and there is a lot of work we have to do in this area.
- ix. Sen. Miller - This is not a new thing. Title II has been in the sphere for years. I'm a little concerned as a faculty member as to what my liability exposure is should I miss something. The deadline for ensuring compliance is upcoming and we haven't heard anything since November. Faculty are already overloaded, even with CELT being able to assist. The moment and attention, what support/coverage will we have, if we have a student who cannot access our course material? Do we also have to worry about exposing the university to liability? What kind of help and support will we have?
 - i. Jim - will be connecting with GA Tech to get insight into how these issues are handled.
 - ii. USG will at some point begin to do compliance checks. Again, all schools are struggling with this.
 - iii. Miller - would you mind providing the names of the committee members beyond the co-leads?
 - iv. Jim - yes
- ix. Chat summary by Chair - People will need help to comply and faculty wants to comply and assist, just need guidance.
- x. Jim Pete - USG endpoint/device management audit

- a. Given prescriptive way to manage University equipment. USG wide audit, not just CSU. 2021 audit was inherited and we are not where we need to be. Will have a meeting in 2 weeks on this issue. Guidance will be coming out. Windows based machines will be synced to one-drive. If anything is saved to the machine right now it is only on the computer. Will now put all things on the cloud that are saved to the computer even if not in the one-drive folder. Will alert before sync is turned on. Recommend individuals go through and clean up their files beforehand
 - i. Archie - question about personal devices? Will they be affected?
 - i. Jim. No, and neither are mac users
 - ii. Sen. Williams - One of the reasons I do not have one-drive syncing or use the folder is the restrictions on things like file names or path name. The limit can prevent the use of certain software tools or files. Is this still an issue?
 - i. Jim Pete - send me an email with the information on the software and I will check
 - ii. Williams - Issue is the length limits, do those exist still? Will the 400 gigs of files I have also be limited?
 - iii. Will check on this.
 - iii. Sen. Burnette - what is the auto sync? Will my files still be on my device? And will this upload and not mess with files?
 - i. Jim Pete - We will accommodate the one-drive storage and there should not be any additional copies created on the physical hard-drive
 - iv. Sen. Miller - What are the dates again? And if we already do this, will we notice a difference?
 - i. Do not have a date, but if you do this already you should not notice a difference. We are targeting Spring Break, but it looks doubtful at this point. But around that time.
- xi. Georgia Tech Digital Access Resource Website - [Home | Georgia Tech Digital Access](#)
- xii. Microsoft Accessibility Checker Support Article - <https://support.microsoft.com/en-us/office/improve-accessibility-with-the-accessibility-checker-a16...>

d. Athletics

- i. Students in track and field are doing very well
- e. Advancement and Government Affairs
 - i. Amended FY26 budget is still in flux. Report contains selected items that are hopefully going to stay in the bill.
 - ii. Tracking legislation related to budget, strategic reserves, etc
 - iii. Federal budget is good for us - will be remarked on in Provost report
- f. Questions
 - i. Miller - 2nd short session. Issues in the past in students getting funding to pay for books, after money has been returned. Is this still an issue students are having? Can pose an issue for students in the second term.
 - i. Believes some students still have money but will check with financial aid on this issue. If there is something drastically different, will send out info
 - ii. Pena - Dr. Colleague letter from DoE was withdrawn. Does this free us on any restrictions?
 - 1. Lots of issues moving around and will get back on if this change has any effects.

4. Remarks and Q&A – Dr. Jill Drake, Provost

- a. Dr. Walley-Jean filling in for Dr. Drake
- b. BoR/USG updates
 - i. Tuesday's vote is expected to approve the addition of the classics learning test as an admission test (GT and UGA exempted). Will have issues for learning thresholds and equivalencies
 - ii. CPHE is seeking comments on the Draft Evidentiary Guidance document
 - iii. Reviews more updates as noted in the Provost Report
 - 1. NISS; Profile updates
 - 2. New CSI Lab - 425K approved
- 3. CSU Innovation and Entrepreneurship Competition Reminder
 - i. Campus comp 03/04 and would like minimum of 6 teams

5. Standing Committee Reports

- a. **University Curriculum Committee**
 - i. Items for Senate Approval; sent 2/2
 - 1. Sen. Smith moves; Sen. Miller seconds
 - a. Unanimous approval
 - 2. Sen. Miller - AI writing course is on the docket and wonder if this is going to be in conjunction with the AI policy that is yet to be finalized. Also curious as to what the background and training the instructors will have. Since this is a class that is teaching students to use AI for writing and editing.
 - 3. Mary Lamb (response) - From what they read about the proposal, put together by a team. The goal is to provide them with an introduction to writing tools, and that includes AI. One new faculty, Prof. Rose, an AI teaching fellow and the

other has a certificate in AI writing. We will teach students tools like Microsoft Word. This is not just going to teach them to follow the policy, but also how to use the technology, what is ethical, the costs, impacts, etc.

- i. Dr. Walley-Jean - The AI policy feedback meeting from the system is this week. Cannot release until approval is received

b. Academic Policy Committee

- i. Miller - Academic complaints policy update is coming to the Senate, hopefully for the next meeting
- ii. Meetings are Fridays before the Senate meetings
 - 1. Semi-regularly ask about students and online learning in our policies. No updates so far but want to encourage checking the policy needs before the end of the school year.

c. Faculty Affairs Committee

- i. Nothing to report this meeting
- ii. Meeting scheduled for 2/16

d. Student Affairs Committee

- i. Nothing to report today
- ii. Next meeting 2/26 at 11:30

6. Rodney Byrd, Executive Director, Human Resources introducing Representative from Carl Vinson Institute on Job Classification and Description Project

- a. Not in Attendance

7. Adjournment

Time Adjourned: 12:18 PM

Minutes Prepared by: David Peña - Secretary

Date: 2/9

Class: Senate Meeting

Name	Senator Yes/No
MICHAEL LIMBANY	Y
Stacey Reynolds	Y
MARTIN FAITLER	N
Pinar Gurkas	N
Adam Kubik	Y
David Penz	Y
ANTONIA MILLER	Y
Erica Gannon	Y
JERMAINE ROWE	No
James Pete	No
Lindsay Chandler	No
Georg Lewis	NO
Cephus Archie	NO
Mike Kow	No
Eric Bids	No
Erin Nagel	Y

President's Report

Faculty Senate
February 9, 2026

ENROLLMENT, MARKETING AND STUDENT SUCCESS

- Spring 2026 headcount – 6,210 (up 6%) and up 5% in Credit Hour/FTE
 - 2nd session registration - open now – March 17th

STUDENT AFFAIRS

- Have concern about a student's well-being or academic engagement? Submit a **CARE Referral** at clayton.edu/care
EARLY referrals help ensure students receive timely outreach and support!
- Homecoming Week—Feb. 23 - March 1
clayton.edu/homecoming
- Job and Graduate School Fair—March 29, 12-3 p.m., SAC

**LEGENDS
OF THE LAKE**
HOMECOMING 2026

ITS

- ADA Title II Compliance – Federal/USG Mandate – April 23, 2026
 - Focused on Web and Digital Content
 - Working Committee has been formed and it is co-led by Dr. Ashlee Spearman, Dr. Damika Howard-Wayne, and myself
 - Georgia Tech Center for Inclusive Design and Innovation (CIDI)
 - See [Link - Georgia Tech's Digital Access Website](#) - Roles and Responsibilities section
 - Yuja Panorama LMS Accessibility Platform – Under contract
 - Compliance is a CSU Community-wide effort. Take an initial step by ensuring electronically posted content is accessible from a Microsoft Word and PowerPoint perspective by using the built-in 'Accessibility Checker'
 - [Link - Microsoft Accessibility Checker Support Article](#)
 - *ALSO... Copied textbook material is an image and not accessible; This activity needs to be avoided*

ITS

- ITS is preparing for the USG Endpoint (Device) Management Audit. In preparation for the audit...Microsoft OneDrive Folder Sync will be activated this Spring.
 - Automatic redirection of your Desktop, Documents, and Picture folders to OneDrive for all CSU-managed devices
 - Required for USG IT Handbook compliance alignment and to protect against data loss and ransomware attacks
 - Communications to follow containing details
 - No immediate impact to Apple users
 - ***Now is the time for you to remove any personal files from your desktop/laptop that you do not want sync'd with the CSU OneDrive repository.***

ATHLETICS

- Track and Field
 - Marcus Robinson, ran 6.88 seconds at South Carolina Classic - New School Record set
 - Many other track and field student-athletes ran times that are either 2nd or 3rd fastest in school history

ADVANCEMENT & EXTERNAL AFFAIRS

- Government Relations
 - State House passed the Amended FY26 budget this week, which includes:
 - \$300m for DREAMS need-based scholarship funding
 - \$2K one-time pay supplement for state employees
 - \$40m in MRR
 - \$29.8m to fund construction costs for a new optometry school at Georgia Southern
 - Continue to track state legislation related to the budget, strategic reserves, dual enrollment, library access, foreign adversaries, DEI, healthcare workforce, AI, licensure, teacher preparation, admissions criteria, administrative authority, among many others
 - Federal budget passed last week
 - Did not include many of the significant cuts previously proposed, including to CCAMPIS and Pell
 - Includes \$425K in Congressionally Directed Spending for the CSI lab

GOOD NEWS

- Received grant for \$425k for CSI Lab in Clayton Hall

Provost's Report

Faculty Senate
February 9, 2026

ACADEMIC AFFAIRS

- BOR/USG Updates
 - BOR to vote on the Classic Learning Test (CLT) on Tuesday (2/10/26)
 - Commission for Public Higher Education is seeking guidance on the Draft Evidentiary Guidance document.
 - A policy reminder was sent out regarding BOR Policy 6.05.02 and HR Policy 3.16. Reports of institutions not being in compliance continue.
- **Board Policy 6.05.02 states:**
 - “No orientation or training may include ideological tests, affirmations, or oaths, including diversity statements.”
- **HR Policy 3.16 states:**
 - “Institution training may not include affirmations, ideological tests, or oaths, including diversity statements.”
 - “All mandatory training—including unit-specific training—must be approved by the institution’s CHRO and President.”
 - “Mandatory employee training should be limited to what is required by BOR policy and federal or state law.”

ACADEMIC AFFAIRS

- Dr. Anita Whiting (COB) selected for the Governor's Teaching Fellows May 2026 Symposium
- NISS Update: Repurposing of Committee on Academic Progress & Student Success (CAPSS) and the launch of the Academic Advising Council
- Faculty Profile Update: Ms. Tammy Wilson will incorporate completion of the PT Faculty CV Profile Template into the onboarding process for newly hired PT faculty.,
- New CSI Lab: This week the US House passed the consolidated appropriations bill for Labor, Health & Human Services, and Education. This bill included \$425K for a new CSI lab for CSU. This is an exciting development for our campus. Congratulations to Drs. Allen, Meddaugh, and Henderson-Strickland for their work on this project.

ACADEMIC AFFAIRS

CSU Innovation & Entrepreneurship Competition Reminder

Planning Schedule



Promotional Launch

Jan 23 - 27



CSU Competition

Mar 4 (4:30 pm to 6:30 pm)



Team Sign up

Feb 1-15



Training Winner for State

March 16-Apr 3



Team Support

Feb 16-27



State Competition

April 6-7

CLAYTON
STATE
UNIVERSITY



THANK YOU!



MEMORANDUM

TO: Chancellor of the University System of Georgia Dr. Sonny Perdue

FROM: Commission for Public Higher Education

DATE: Wednesday, February 4, 2026

SUBJECT: Request from the Commission for Public Higher Education for Comments Regarding Draft Evidentiary Guidance

As you know, the Commission for Public Higher Education (CPHE) is a new accrediting agency that will seek recognition from the U.S. Department of Education in order to accredit (and thereby offer access to Title IV funds for) public colleges and universities.

CPHE seeks comments regarding draft evidentiary guidance, which is attached and is intended to complement CPHE's accreditation standards. This opportunity for comments is open to CPHE stakeholders and to all members of the general public. Comments from institutional or system stakeholders of course will not obligate an institution to join CPHE at a later date.

In general, CPHE's intent in authoring evidentiary guidance is to provide definitions of words and phrases, lists of required evidence, and lists of suggested evidence in support of institutions that will author self-studies to demonstrate fulfillment of CPHE's accreditation standards.

CPHE requests comments addressed to contact@cphe.org by close of business on Wednesday, March 4, 2026.

CPHE welcomes your circulating this memo to the following University System of Georgia audiences and to any other audiences as you see fit:

- Board of Regents and any relevant advisory board(s)
- Institutional Presidents and Deans
- Vice presidents, executive team, and/or cabinet
- Faculty Council
- Staff Council
- Student Advisory Council

CPHE welcomes suggestions as to other state and national groups that should receive an invitation to submit comments.

Thank you for your attention to this matter. The chief executives of the five other university systems that founded CPHE are receiving similar requests today.

Commission for Public Higher Education



**COMMISSION FOR PUBLIC HIGHER EDUCATION
DRAFT EVIDENTIARY GUIDANCE FOR ACCREDITATION STANDARDS**

[The Commission for Public Higher Education \(CPHE\) adopted accreditation standards on October 1, 2025](#), after careful consideration of comments and suggestions submitted by stakeholders and members of the public regarding draft standards that were issued on August 19, 2025. Many of the comments and suggestions regarding the draft standards informed evidentiary guidance, which is offered here in draft form, after initial consultations with Faculty for Responsible Education and Accreditation (leaders of faculty assemblies and senates across the university systems that founded CPHE) and the CPHE Standards and Procedures Working Group (experts and practitioners across the university systems that founded CPHE) on the basis of a previous, rough draft.

CPHE welcomes comments regarding this draft evidentiary guidance through close of business on Wednesday, March 4, 2026. Please email CPHE at contact@cphe.org. Constructive advice and suggestions for edits, ideally, will answer some or all of the following questions:

- 1. What portions of the evidentiary guidance would benefit from clarification? How might revisions lend themselves to greater clarity?***
- 2. What concepts are not addressed within the evidentiary guidance that an institution might expect to see within the evidentiary guidance?***
- 3. What forms of evidence are not addressed within the guidance that should be added?***
- 4. Given CPHE's explicit goal to enable institutions to leverage existing data and reports in answer to CPHE accreditation standards, what forms of existing data or reports might be cited within the evidentiary guidance as appropriate for institutions to supply as evidence?***

After suitable revisions to this draft document, evidentiary guidance will be deployed in support of the first cohort of 10 colleges and universities that have entered into accrediting activity with CPHE. CPHE then plans to revise accreditation standards and evidentiary guidance again, later in 2026, after accrediting decisions have been issued for each institution in the initial cohort of institutions, before work with a second cohort begins.

The following introductory context applies to CPHE generally, to all CPHE accreditation standards generally, or to matters that may be instructive generally as an institution assembles evidence that demonstrates fulfillment of CPHE accreditation standards and submits an institutional self-study:

An Institutional Accreditor Tailor-made for Public Colleges and Universities

Based on suggestions from institutional experts who advise CPHE regarding accreditation matters, CPHE provides here some context and background that may inform readers and that may—in the future—take the form of a statement that will outline CPHE’s philosophy and principles:

In its contemporary form, accreditation of U.S. colleges and universities serves as a consumer protection, as an indicator of institutional quality, and as a measure of eligibility to participate in important federal programs. Accreditors are “gatekeepers” that control institutions’ access to financial-aid dollars (as codified in the Higher Education Act of 1965¹). Recognition of eligibility and quality by graduate and professional programs may hinge on the accreditation of institutions where students earned their undergraduate degrees, just as transfer of credit from one institution to another may hinge on the accreditation of the institution where credits were earned initially. Accreditation of institutions generally signals to potential students that those institutions are fiscally stable and have fulfilled standards of quality.

The history of agencies that accredit institutions of higher education² arrived at a particular inflection point in 2020: whereas most colleges and universities formerly were assigned to an accreditor on the basis of geography, institutions were freed to associate with an accreditor regardless of location. Subsequent revisions to federal regulations and policies incentivized new accrediting bodies, and innovations forecasted by the U.S. Department of Education may modify the landscape for accreditation and accreditors further.

The prospect of institutions migrating from one accreditor to another reinforces the voluntary nature of accreditation—as specified in federal regulations³—making it possible for institutions to choose an accreditor on the basis of best fit; while the prospect of new agencies in addition to the formerly regional accreditors enables specialization—that new accreditors may be custom-built to serve specific sectors of colleges and universities.

CPHE was founded for the specific purpose of serving public colleges and universities. CPHE’s specializing in public institutions leverages institutional traits to yield benefits in the accreditation process:

¹ The text of the Higher Education Act of 1965 is [here](#).

² See (for example) the U.S. Department of Education’s “[History and Context of Accreditation in the United States](#),” along with additional background supplied by Beth Akers of the American Enterprise Institute in “[A Template for Considering New University Accreditors](#).”

³ Subpart 2 (“Accrediting Agency Recognition”) of the Higher Education Act of 1965 specifies that any accrediting agency must have “a voluntary membership of institutions of higher education.” The adjective “voluntary” recurs two additional times relative to the membership of accrediting bodies within Subpart 2.

1. Common missions, governance structures, and financial models among public colleges and universities enable CPHE’s accreditation standards, which focus on the commonalities among public institutions and need not anticipate the combinations and permutations of issues that affect private institutions and/or for-profit institutions.
2. The fiscal standards and practices of public colleges and universities include numerous due-diligence steps—often at the levels of system governing boards and legislative oversight committees—along with regular inspection by state or independent auditors. As such, federal regulations require additional information of institutions that are not public, and federal regulations enable public institutions to certify fiscal capacity and stability through existing documents and processes—and through the simple fact that public colleges and universities are guaranteed by the state.⁴ CPHE translates this federal practice into streamlined reporting requirements regarding the finances of public institutions.
3. Peer review, a hallmark of accreditation’s processes and benefits, is bolstered when public institutions are assessed by executives and faculty from other public institutions. CPHE therefore strengthens peer review by refining accrediting assessments of institutions; true peer individuals from true peer institutions offer assessments of true peer institutions. That is, CPHE dispatches peer review teams that understand deeply the mission, governance, finances, and practices of the institutions being evaluated.

Additional traits and practices differentiate CPHE from other accrediting bodies:

- *Documenting how public colleges and universities further the public good.* Among CPHE’s 21 accreditation standards is an expectation that any public college or university “as a state entity, furthers the public good.” This standard enables institutions accredited by CPHE to document the multi-faceted benefits provided by public colleges and universities to their respective communities.
- *Streamlining accreditation processes.* Accreditation, in its contemporary manifestation, is too often overly complicated and overly costly. Whenever possible, CPHE simplifies accreditation practices without compromising rigor. Doing so entails permitting institutions to leverage existing reports and data sets without creating new ones that might require slightly new or different data definitions. Comprehensive data—rarely useful or practical—are requested of institutions in only the rarest of occasions. With the goal of streamlining accreditation processes, the CPHE Board of Directors adopted a set of accreditation standards that are limited to 21 requirements. (This

⁴ See, for example, 34 C.F.R § 668.171(g), exempting institutions from a financial composite score calculation upon a showing that the institution is “designated as a public institution by the State, local, or municipal government entity, Tribal authority, or other government entity,” is not subject to a condition of past performance, and is not subject to a mandatory triggering event.

number of standards aligns CPHE with the approach implemented by the Higher Learning Commission, which similarly employs 21 accreditation standards.) Meanwhile, other formerly regional accreditors employ as many as 191 standards and sub-standards. Such a large number, while undoubtedly reflecting a thorough approach, far exceeds the 10 standards required of accreditors by U.S. Department of Education regulations.⁵

CPHE asserts that its reasonable number of accreditation standards reflects a less bureaucratic approach to institutional accreditation.

- *Lowering labor costs associated with accreditation.* Because contemporary accreditation too often has ballooned to include issues of unnecessary number and complexity, institutional labor required to support accreditation too often has ballooned as well.

While maintaining rigor, CPHE deletes from the accreditation process any unnecessary reports or exercises—thereby lowering labor costs for institutions.

- *Enabling labor and expense to be redirected from accreditation to what is more important.* Reducing the labor, time, and expertise expended in support of accreditation, CPHE enables that labor, time, and expertise to be redirected by institutions to tasks and strategies that offer true value. Improving institutional efficiency, pursuing academic excellence, ensuring student success—these are the efforts that higher education needs and that consumers demand.
- *Prioritizing student outcomes.* CPHE asks institutions to document and improve student outcomes, student success, and student learning. These are among the most important measures of an institution’s success.
- *Evidencing academic excellence.* Unlike most of its peer accreditors, CPHE asks each institution seeking accreditation to demonstrate explicitly how it “strives for and demonstrates its pursuit of academic excellence.” This expectation regarding academic excellence reflects what students and other stakeholders expect of institutions of higher education.
- *Establishing intellectual diversity as a standard.* CPHE believes that it is the first among institutional accreditors to document the importance of intellectual diversity in accreditation standards. Among its 21 accreditation standards, CPHE states that it

⁵ [The Secretary’s Recognition of Accrediting Agencies, 34 C.F.R. § 602 \(1999\)](#) lists the 10 types of accreditation standards that any recognized accreditor must employ.

expects any institution seeking accreditation to ensure that its “policies and practices support the intellectual diversity of its faculty and students in academic and co-curricular life.”

- *Nimble actions, decisions, and governance.* The formerly regional accreditors are too often very slow to process requests and to offer decisions for client institutions. This may be due to awkward governance structures or unnecessary requirements for institutional requests.

CPHE differentiates itself from the formerly regional accreditors by processing and granting decisions speedily. Whereas many of the governing boards of the formerly regional accreditors convene just twice annually to consider decisions, the CPHE Board of Directors convenes quarterly, and the Board convenes more often when circumstances demand decisions. Whenever possible, the Board delegates to CPHE staff any appropriate decisions that will enable institutional needs and requests to be granted and to move forward swiftly. In drafting its procedures regarding substantive change, monitoring, site visits, and similar matters, CPHE has hewed closely to the Higher Education Act, adding requirements only when CPHE believes that doing so will make a meaningful difference in quality assurance. Here, too, CPHE leverages its all-public membership. For example, most of the events that trigger a “substantive change” application to an accreditor require also an institution to apply to its system or state higher education commission to implement said change. CPHE allows those applications to be filed concurrently—rather than considering a substantive change only after the institution’s state/system has acted; and CPHE seeks whenever possible to allow labor for a state/system application to be applied to a CPHE application.

- *No CPHE dues or fees until CPHE is recognized by the U.S. Department of Education.* Federal grant dollars, along with funds from founding university systems and—perhaps—future grant dollars from charitable foundations, negate the necessity for colleges and universities to pay dues and fees to CPHE, if those institutions join CPHE’s earliest accreditation cohorts. While these institutions may necessarily maintain dual accreditation through both CPHE and a recognized accrediting agency that serves as an institutional link to Title IV funds, these institutions do not pay dues and fees to CPHE until CPHE is recognized by the Department. Prices for CPHE dues and fees therefore are *not* passed along to students in the form of higher tuition prices through FY 2027-28.
- *A holistic approach to assessment and continuous improvement.* Responsible organizations assess the effectiveness of their policies and actions to find evidence of success aligned with goals. Responsible colleges and universities should do the same. Whereas notions of assessment and continuous improvement, within the standards and evidentiary guidance of the formerly regional accreditors, reside within a single

accreditation standard, CPHE employs a holistic approach to assessment and continuous improvement. While a specific accreditation standard involves continuous improvement explicitly, evidentiary guidance for other accreditation standards notes how continuous improvement that focuses on specific aspects of institutional behavior is important for measuring success, for examining outcomes versus intent, and for determining—based on evidence and data—initiatives that may yield further improvement.

- *An interpretive-contextual epistemological framework for accreditation and evidence.* See the section immediately below. CPHE is grateful for the interpretations of practitioners that yield a way of understanding CPHE’s approach to accreditation, making explicit some ideas that otherwise might be implicit or embedded within this document. CPHE’s approach leverages expert advice from peers, along with inferences based on detailed patterns of evidence rather than on comprehensive data sets, to permit efficiencies in accreditation that do not rely, in contrast, on exhaustive box-checking through an entirely compliance-driven approach to accreditation.

The value propositions listed above distinguish CPHE from the formerly regional accreditors while introducing innovations and efficiencies that are sensible and that will benefit institutions and students, while maintaining appropriate rigor in institutional accreditation.

An Interpretive-contextual Epistemological Framework for Accreditation

CPHE’s accreditation standards and the draft evidentiary guidance within this document communicate, in the opinion of institutional experts who advise CPHE, a practical and philosophical approach to accreditation that may be implicit and that may benefit from explicit description.⁶

CPHE therefore offers the concepts below for consideration. In the paragraphs that follow, “epistemology,” within the context of accreditation, is intended to convey *how we decide what counts as adequate evidence to justify the conclusion that a standard has been met*. “Epistemology” describes the logic that connects standards, evidence, and accreditation decisions:

⁶ Dr. Timothy S. Brophy, Professor Emeritus and former Director of Institutional Assessment at the University of Florida, offered this epistemological framework in a January 28, 2026 email to CPHE and later the same day during a video conference conducted by CPHE with members of the CPHE Standards and Procedures Working Group. Dr. Brophy offered a more formal document on February 2, 2026. Described here is a framework that often quotes text from Dr. Brophy verbatim, sometimes with slight revisions. That is, this framework should be understood to be a product of Dr. Brophy’s wisdom and initiative, and CPHE thanks Dr. Brophy for his advice.

Introduction. In contemporary accreditation discourse, institutional review is typically framed as a regulatory and procedural activity. Yet accreditation functions also as an epistemic practice: it organizes how institutional quality is rendered knowable, how claims about that quality are justified, and how such claims are made publicly defensible. The forms of evidence that are solicited, the ways in which standards are structured, and the role assigned to professional judgment together constitute a theory—often implicit—of how quality is to be known.

The draft standards and evidentiary guidance developed by the Commission for Public Higher Education (CPHE) (2025–2026) disclose a distinctive evaluative logic. The present analysis characterizes that logic as *interpretive–contextual*. This designation does not function as a categorical label, nor as a claim about enacted practice or institutional intent. Rather, it names a dominant evaluative pattern inferred from the structure, language, and evidentiary logic of the documents themselves. Within this model, standards organize inquiry rather than compliance, and evidence supports professional interpretation rather than itemized verification of discrete requirements.

Accordingly, these paragraphs offer a qualitative analysis of the evaluative logic embedded in CPHE’s standards and evidentiary guidance. Within these materials, an implicit theory is inferred regarding how institutional quality is to be known, justified, and made publicly defensible. The analysis treats CPHE’s framework as a case through which broader questions about evaluative reasoning in accreditation may be examined.

To ensure conceptual clarity, the following terms are used throughout:

- *Operational logic:* the reasoning system observable in an accreditor’s standards, guidance, and review procedures.
- *Evaluative logic:* the reasoning process by which peer reviewers connect evidence to professional judgment and judgment to accreditation decisions.
- *Orientation:* the prevailing evaluative stance that shapes how standards and evidence are approached.
- *Model:* the structured configuration of evaluative logic, orientation, and operational design that together shape how accreditation judgments are formed, interpreted, and justified.

The interpretive–contextual model described here is not imposed from outside the framework. It is inferred from how CPHE’s standards structure inquiry, from how evidentiary guidance positions institutional materials, and from the central role assigned

to professional peer judgment in integrating both. Because CPHE has not yet completed an accreditation cycle, the analysis focuses on design commitments rather than outcomes.

Conditions for Warranted Judgment in Accreditation. Accreditation processes aim to produce warranted judgments regarding institutional quality, integrity, and capacity. All accrediting systems, whether explicitly or implicitly, rest on assumptions concerning what counts as credible evidence, how much evidence is sufficient, how evidence is interpreted, and how professional judgment contributes to defensible conclusions. These assumptions, taken together, constitute an epistemological framework that shapes evaluative practice.

Differences among accreditors are often attributed to variations in standards or procedures. Yet such differences frequently reflect deeper divergences in evaluative logic: in the kinds of claims that are considered meaningful, in the ways evidence is expected to function, and in the role assigned to professional interpretation in integrating disparate sources of information.

The Interpretive–contextual Model. Within CPHE’s standards and proposed evidentiary materials, institutional quality is not positioned as a property to be demonstrated through exhaustive documentation or through standard-by-standard verification. Instead, quality is inferred through the professional interpretation of contextualized evidence, considered holistically by peers familiar with the institution’s mission, governance, and educational purposes.

In this model, rigor is not equated with the volume or uniformity of documentation. Rather, it is associated with the transparency of evaluative reasoning, the coherence and sufficiency of evidence, and the consistency of professional judgment across cases. Standards, evidence, and judgment function together as components of a single interpretive system rather than as discrete procedural elements.

Epistemological Principles Embedded in the Framework. CPHE’s standards and evidentiary guidance disclose a coherent epistemological framework that specifies how evidence functions, how judgment is exercised, and how institutional quality is warranted within the interpretive–contextual model. Five interrelated principles organize this evaluative logic:

1. *Sufficiency and representativeness.* Conclusions are warranted on the basis of evidence that is carefully selected and representative of institutional practice; exhaustive enumeration is neither required nor epistemologically necessary.

2. *Contextual and mission-responsive evaluation.* Evidence is interpreted in relation to the institution's stated mission, scale, governance structure, and public purpose, such that comparable quality may be demonstrated through contextually distinct forms.
3. *Professional peer judgment.* Informed professional judgment is the central means through which evidence is interpreted, integrated, and evaluated. Judgment does not supplement evidence; it constitutes the mechanism by which evidence becomes meaningful.
4. *Patterns over isolated instances.* Enduring and coherent practices demonstrated over time carry greater evidentiary weight than singular or episodic data points. Within the guidance, patterns are operationalized through sampling across institutional sub-units and through repeated forms of evidence across submissions, ensuring that conclusions reflect institutional variation rather than isolated examples.
5. *Bounded burden of proof.* Institutions are expected to provide evidence that is adequate and representative to support their claims, guided by published expectations rather than by unwritten or undisclosed demands.

Standards as Frameworks for Inquiry. CPHE's standards are articulated as general statements of institutional responsibility, yet they function less as discrete proof obligations than as frameworks for inquiry. Reviewers are expected to develop a holistic understanding of institutional operations and only then determine whether that understanding supports the conclusion that the standards are met. Within this sequence, understanding precedes determination.

This orientation situates evidence as a resource for interpretation rather than as a checklist for verification. The evaluative task is therefore not to demonstrate coverage but to construct a coherent account of institutional practice that can support professional judgment.

Procedural-compliance as a Contrasting Orientation. Many established accreditors tend to operate within a procedural-compliance orientation in which standards function primarily as separate proof requirements. Some accreditors operate within mixed models that privilege a procedural-compliance orientation while also incorporating elements of an interpretive-contextual orientation. Institutions are expected to assemble comprehensive documentation demonstrating compliance with each requirement; judgments rest on standard-by-standard verification, and decisions are warranted through aggregation. Within such models, exhaustiveness often serves as a proxy for sufficiency, and documentation volume as a proxy for rigor. The underlying assumption is that completeness ensures representativeness and that quantity strengthens warrant.

The interpretive–contextual model is grounded in a different theory of evidence. Representativeness and sufficiency are established through relevance, coherence, and explanatory value rather than through exhaustive enumeration. Evidence is selected to support understanding and judgment, not to demonstrate volume or coverage.

Federal Alignment. Federal recognition criteria under 34 CFR Part 602 emphasize rigor, consistency, transparency, monitoring, and enforcement. These requirements do not prescribe a particular epistemology. Rather, they require that evaluative processes be principled, documented, and applied consistently.

An interpretive–contextual model remains compatible with these expectations when standards are clearly articulated, evaluative reasoning is explicit, professional judgment is structured and documented, and procedural safeguards ensure consistency across cases. Federal defensibility thus depends not on procedural uniformity alone, but on the transparency and coherence of evaluative logic.

Accountability, Transparency, and Public Trust. Public confidence in accreditation is often associated with the visibility of rules and the volume of documentation. Yet such indicators may obscure the reasoning by which conclusions are reached. The interpretive–contextual model locates accountability in the clarity with which evaluative judgments are explained, the grounds on which they are based, and the consistency with which similar cases are treated.

Public trust is strengthened when the connections between standards, evidence, and judgment are transparent and when the expectations governing sufficiency and representativeness are explicit and bounded.

Conclusion. The analysis presented here treats CPHE’s emerging framework as a case through which the epistemological dimensions of accreditation may be examined. The interpretive–contextual model inferred from CPHE’s standards and evidentiary guidance offers a contrasting account of how institutional quality may be known, justified, and made publicly defensible.

This model does not diminish rigor; it redefines it. Rigor is located not in procedural accumulation but in the transparency of reasoning, the coherence of evidence, and the disciplined exercise of professional judgment. As CPHE moves toward operational practice, sustained attention to these evaluative foundations will be essential for maintaining interpretive integrity and consistency across diverse institutional contexts.

Motivating Assumptions

1. The unit of analysis—the thing being evaluated—for the purpose of accreditation is the institution. Although some references to governance at the level of any university

system may be relevant for context, the system is not being accredited by CPHE. Likewise, data regarding an institution's disciplines and programs may illustrate institutional behavior, but disciplines and programs are not being accredited by CPHE; for this reason, CPHE will not request comprehensive data at the level of disciplines and programs, etc. More regarding expectations for comprehensiveness is addressed later in this document.

2. CPHE strives to streamline the accreditation process. For this reason, CPHE encourages institutions to repurpose existing data and existing reports as evidence in answer to CPHE accreditation standards. CPHE will refrain, whenever possible, from creating requirements for new data, new data definitions, or new reporting.

Similarly, CPHE assumes that work products authored for due-diligence processes required of public colleges and universities by their respective states will often suffice for purposes of evidence. Therefore, CPHE will minimize requests to duplicate or to repeat with new requirements for detail any matters that have been inspected already at the levels of units, colleges/schools, institutional executive teams, institutional governing boards, system governing boards, state legislatures, and state advisory or governing boards.

Definitions of Terms and Phrases

1. The phrase “across its organization and [its] activities” appears in CPHE Accreditation Standards 1 and 5. This phrase should be operationalized as describing an institution comprehensively. At issue are all aspects of an institution and all aspects of its behavior. Likewise at issue are all associated organizations that operate in support of an institution or with authority delegated by an institution (e.g., 501[c] 3 foundations, online program managers, etc.).
2. Adjectives recurring across CPHE accreditation standards include “appropriate,” which should be interpreted in most cases within the standards as guided (if not dictated) by law, by mission, by Carnegie type, and by institutional size. Although CPHE strives to treat institutions equitably, differences in governance and mission and size/scope should logically yield some latitude in requirements, expectations, and even evidence.

An institution's focus on mission will be integral to the institution's interpretation of CPHE accreditation standards and how fulfillment should be documented with evidence in an institutional self-study.

3. Definitions of other terms and phrases contained within the CPHE standards appear within this evidentiary guidance, typically beginning with a broad definition before focusing on an operational definition specific to CPHE accreditation.

Data and Evidence

1. CPHE’s interests and authority apply to all aspects of an institution and its behavior; however, CPHE neither expects nor requires comprehensive evidence unless expressly noted in evidentiary guidance (often signaled by use of the word “all”).
2. Evidence required for submittal within an institutional self-study relative to any standard will be outlined within evidentiary guidance in sections labelled “Required evidence.” Furthermore, required evidence will be signaled by use of the verb “shall” within the evidentiary guidance.

Evidence suggested but not required for submittal within an institutional self-study will be outlined in sections labelled “Suggested evidence.” Any list of suggested evidence is not comprehensive. Institutions are welcome and encouraged to supply forms of relevant evidence other than those listed, in response to standards.

3. CPHE encourages institutions to supply data at the level of the institution. Other, more detailed data regarding units and departments will be relevant in many circumstances, however. Any samples of evidence should illustrate compliance at levels more specific than the institution in a logical fashion. To the degree that purposeful sampling is useful and repeated across evidence submitted to CPHE by an institution, recurring patterns of purposeful sampling may be sufficient and may be instructive for peer evaluators/readers. For example, supply of evidence regarding academic matters may include some but not all evidence from each of an institution’s colleges and schools. To the degree that evidence might illustrate variation within an institution, such evidence may be useful as well.
4. CPHE suggests that longitudinal data may benefit from reasonable time horizons. Data and evidence from the previous three academic years will generally suffice. If, however, a longer time horizon lends itself to illustrating important or pronounced changes, a longer time horizon is of course useful and welcome.
5. Data, evidence, and cell sizes should be supplied in accordance with industry and legal standards that protect individuals’ identities. An institution should protect anonymity, confidentiality, and privacy. Appropriate redactions are encouraged.

Matters Not Addressed in CPHE Accreditation Standards

1. Some standards that appeared in the August 19, 2025 draft CPHE accreditation standards document have been combined with one another or deleted on the basis of advice from experts and stakeholders.

Among the standards that have been deleted are the following, with some explanation as to rationale and as to alternate plans:

- CPHE deleted a draft standard regarding federal and state regulations (“The institution complies with federal and state regulations. [In the event that the Commission’s standards conflict with state law, all parties shall understand state law to take precedence.]”). The notion of rectifying any conflict between CPHE standards and law will be addressed instead in CPHE policies and procedures.
- CPHE deleted a draft standard regarding institutional self-reporting of non-compliance with CPHE standards (“The institution reports incidents of non-compliance with these standards to the Commission for Public Higher Education, upon receipt of reasonable evidence of such non-compliance.”). This matter will be addressed in CPHE policies and procedures.

2. Feedback regarding the August 19, 2025 draft CPHE accreditation standards sometimes noted concepts that did not appear explicitly within the draft standards. In many but not all cases, these concepts are addressed within the draft evidentiary guidance for applicable standards.

In other cases, however, concepts that do not appear explicitly within CPHE accreditation standards or evidentiary guidance are intended for description in CPHE policies and procedures. Among these, for example, is the concept of “substantive change.”

Lapses in Compliance

CPHE encourages institutions, when supplying evidence in response to accreditation standards, to acknowledge and describe past challenges, lapses, and insufficiencies. The concept of compliance and self-study embraced by CPHE focuses on the present—not the past. Resolution of past lapses therefore will not suggest current non-compliance.

How a college or university manages challenges is often indicative of institutional maturity and of willingness and ability to improve. It may not be realistic that an institution will not experience challenges. Therefore, CPHE seeks information regarding lapses in the interest of promoting transparency and in the interest of understanding an institution’s adaptability, its ability to manage problems through appropriate processes, and its desire to rise above adversity.

Notes Regarding CPHE Accrediting Processes

Although this document is not intended to describe CPHE, its governance, or its plans for accreditation processes comprehensively, readers may benefit from some practical descriptions here as to CPHE’s processes for peer review and accreditation.

1. CPHE Peer Visiting Teams of 4 to 5 individuals will assess candidate institutions. Each of these Peer Visiting Teams will be chaired typically by an institutional Chief Executive or Chief Academic Officer and will include at least one faculty member. Members of Peer Visiting Teams will represent public institutions of enrollment size and Carnegie type similar to those of the institution being assessed, whenever possible. All members of visiting teams will participate in orientation and training. Members of visiting teams from a specific university system will not evaluate institutions from the same university system. CPHE Peer Visiting Teams will recommend findings as to accreditation status to the CPHE Accreditation Advisory Committee. (See below.) [CPHE is currently accepting applications and nominations for Chairs and members of Peer Visiting Teams.](#)
2. The CPHE Accreditation Advisory Committee will include institutional executives, subject-matter experts, and faculty. Each Committee member will participate in orientation and training. For purposes of CPHE accrediting activity for the first cohort of 10 colleges and universities, the Accreditation Advisory Committee will not include representatives from any of those 10 colleges and universities. Members of the CPHE Accreditation Advisory Committee will likely include representatives from the six university systems that founded CPHE, along with experts from institutions outside of the six founding university systems. In the event that a member of the CPHE Accreditation Advisory Committee represents a university system, said member will recuse herself or himself from discussion or action regarding any institution from said member's university system. The CPHE Accreditation Advisory Committee will recommend decisions to the CPHE Board of Directors. (See below.)
3. The CPHE Board of Directors will make final decisions as to institutional accreditation on the basis of advice rendered by CPHE Peer Visiting Teams, which is then recommended by the CPHE Accreditation Advisory Committee to the Board of Directors. As the CPHE Board of Directors considers accreditation decisions, any Director who represents a university system will recuse herself or himself from discussion or action regarding any institution from said member's university system.

Processes for appeals regarding accreditation decisions are being determined as of this writing.

The CPHE Board of Directors includes seven members as of this writing: six members representing each of the founding university systems and one "public" member who is not currently associated with a potential CPHE institution. (That "public" member is Dr. Mark Becker, Immediate Past President of the Association of Public and Land-grant Universities, who was elected to the CPHE Board of Directors during September of 2025.) U.S. Department of Education regulations require the governing boards of

accrediting agencies to include one “public” member for every seven members.⁷ CPHE’s Board of Directors therefore meets this standard. Nevertheless, it is CPHE’s plan to recruit additional “public” members for a ratio of public members to representative members that will exceed the Department’s requirements.

CPHE’s governing documents currently cap the membership of the CPHE Board of Directors at 11 members. As noted above, the Board of Directors plans to recruit additional “public” members. The Board of Directors may, at a future date, name members who represent university systems that may join CPHE’s governance structure.

CPHE Decision-making Structures: Good Governance; Preventing Conflicts of Interest and Appearances of Conflicts of Interest; Preventing Undue External Influence on Accreditation Decisions

Good governance is important for any corporate structure—whether that is a Fortune 500 company, a college or university, or an agency that accredits colleges and universities. Accreditation bodies require institutions’ attention to sound governance, so it is natural that accreditation bodies should require sound governance of themselves.

Among the important concepts that governance structures must anticipate are appropriate layers of oversight, layers of decision-making that maximize expert opinions, managing conflicts of interest and any appearances of conflict of interest, and protecting the governance structure—and the corporate body generally—from undue external influence in a way that prioritizes fiduciary behavior.

The section above (“Notes Regarding CPHE Accreditation Processes”), other portions of this document, and information available to the public regarding CPHE note many of the following explicitly yet separately. Outlining these items here, in one place, may be useful for readers, CPHE stakeholders, and members of the public:

- *Layers of oversight:* The CPHE Board of Directors, as a governing body, will oversee a Chief Executive Officer, who—in turn—will oversee and manage an executive team. Important matters, important decisions, and significant financial transactions are evaluated for wisdom and efficacy at multiple points.

Similarly, CPHE Peer Visiting Teams recommend accreditation decisions to be assessed for logic and consistency before being forwarded to the CPHE Accreditation Advisory Committee and then to the CPHE Board of Directors for final decisions. The CPHE executive team provides advice and assistance during the above processes.

⁷ [*The Secretary’s Recognition of Accrediting Agencies, 34 C.F.R § 602*](#), states that an accrediting agency must be governed by a “decision-making body” and that “[a]t least one member of the agency’s decision-making body is a representative of the public, and at least one-seventh of the body consists of representatives of the public. . . .”

These multiple layers of oversight ensure quality, consistency, and soundness. Important matters are evaluated at multiple points with attention to processes and intended outcomes

- *Layers of decision-making that maximize expert opinions:* Peer review and the assessments of experts are integral to accreditation, and experts apply their skills and wisdom at multiple points within the process of issuing an accreditation decision relative to any single college or university in CPHE process design, which adheres greatly to norms.

CPHE Peer Visiting Teams include four to five peers with expertise that spans institutional behavior. The CPHE Accreditation Advisory Committee includes approximately eight persons with senior-level experience and competencies at institutions and systems. The experience and competencies across the membership of the CPHE Board of Directors exhibit similar seniority—along with a duty to consider big-picture policy matters through the lens of fiduciary duty.

The CPHE executive team offers expertise as well, to advise and assist decision-making bodies.

These bodies and the decisions issued by these bodies leverage expertise to ensure sound and wise decisions.

- *Managing conflicts of interest and any appearances of conflict of interest:* Note, in the section above (“Notes Regarding CPHE Accreditation Processes”), that no member of a CPHE Peer Visiting Team will evaluate an institution from the Visiting Team member’s same university system, that members of the CPHE Accreditation Advisory Committee will recuse themselves from discussion and action regarding any institution from members’ university system, and that members of the CPHE Board of Directors will recuse themselves likewise.

These protections are important for ensuring both fairness and the outward appearance of fairness. Conflicts of interest distort decisions, incentivize deviations from fiduciary behavior, and compromise the confidence of participants and of the public in the decision-making processes of bodies that wield authority. Appearances of conflict of interest raise similar concerns.

CPHE processes that ensure fairness and the outward appearance of fairness are therefore central to the integrity of CPHE and its accrediting decisions.

- *Protecting the governance structure—and the corporate body generally—from undue external influence in a way that prioritizes fiduciary behavior:* Related to the text above regarding conflicts of interest and appearances of conflict of interest are procedures such as recusal that ensure protections against undue external influence.

Potential efforts to exert undue influence, in higher education, are often assumed to be governmental, but undue external influence can take many forms and might be exerted by many parties. Unwelcome and inappropriate influence incentivizes an individual to deviate from sound decision-making in support of the enterprise—to support instead some external entity’s wishes. Undue external influence therefore incentivizes deviation from fiduciary behavior.

Members of the CPHE Board of Directors are fiduciaries, charged with fulfilling fiduciary requirements to support CPHE rather than any individual, state, government, system, or institution. Other decision-makers who participate in CPHE’s accreditation processes must think and conduct themselves similarly, even if not acting in a strictly fiduciary role.

Protocols such as recusal and refraining from assigning persons to evaluate institutions with which those persons have an existing relationship are important for supporting fiduciary behavior and for ensuring fairness. These efforts ensure the independence of CPHE and its decision-making processes.

Organization of This Document

In the text that follows, CPHE offers evidentiary guidance for each CPHE accreditation standard. Guidance is provided *in italics*, as a complement to standards, which are enumerated and in **bold text**:

Integrity, Transparency, and Compliance

1. The institution demonstrates integrity across its organization and its activities.

“Integrity” is a common expectation among standards employed by U.S. accrediting agencies. [Among the Oxford English Dictionary’s definitions of “integrity” is the following: “Soundness of moral principle; the character of uncorrupted virtue, esp. in relation to truth and fair dealing; uprightness, honesty, and sincerity.”](#) CPHE suggests to institutions that an operational definition of “integrity” in relation to accreditation should focus on honesty and fair dealing in an institution’s behavior, including supply of evidence to demonstrate fulfillment of CPHE accreditation standards and including interactions with CPHE generally.

The expectation for integrity therefore applies to each CPHE accreditation standard.

The phrase “across its organization and [its] activities” appears in CPHE Accreditation Standards 1 and 5. This phrase should be operationalized as describing an institution comprehensively. At issue are all aspects of an institution and all aspects of its behavior. Likewise at issue are all associated organizations that operate in support of an institution or with authority delegated by an institution (e.g., 501[c]3 foundations, online program managers, etc.).

As is common among U.S. accrediting agencies, however, fulfillment of CPHE Accreditation Standard 1 does not require supply of evidence. Rather, CPHE will note any alleged incidents that may not demonstrate integrity for an institution to address through communication with and documentation supplied to CPHE. Institutions will find descriptions of this process regarding alleged lapses of integrity in CPHE policies and procedures.

2. The institution is transparent in, publishes accurate information regarding, and complies with its own policies and practices.

Among the Oxford English Dictionary’s definitions of “transparent” are the following: “Frank, open, candid, ingenuous” and “Easily seen through, recognized, understood, or detected; manifest, evident, obvious, clear.” CPHE suggests to institutions that an operational definition of “transparent” in relation to accreditation focuses on openness, clarity, and ready availability.

CPHE suggests therefore that an institution should demonstrate transparency with evidence, in response to CPHE Accreditation Standard 2, that policies and practices are published, readily available, and readily noticed upon revision. Policies and practices at issue are across the institution and its activities.

Accuracy of information regarding policies and practices hinges on to the degree to which enactment of policies and practices adheres to those policies and practices as published—along with the degree to which published policies and practices are current. As such, CPHE suggests that institutions should supply evidence in the form of records of enactment that adhere to current descriptions.

*An institution shall list and produce (via hyperlinks) all institutional policies and governing documents in relation to Standard 2. If relevant, all system-level policies and governing documents regarding policy authority shall be listed and produced similarly. **Evidence of transparency of, accuracy of, and compliance with all of***

these policies and governing documents will not be required, however. See below for additional guidance.

Required evidence

- *An institution shall supply, describe, and evidence statutes and other governing documents regarding institutional policy-making authority and, if relevant, the degree to which policy-making authority is delegated within the institution. If system-level policies and policy-making are at issue, these shall be supplied, described, and evidenced as well.*
- *An institution shall supply, describe, and evidence institutional structures or bodies responsible for management, revision, and dissemination of policies and practices—including the degree to which stakeholders are involved in these.*
- *Regarding an institution’s compliance with its own policies and practices, an institution shall outline any policies, practices, and structures within the institution that monitor and ensure compliance with institutional policies and governing documents—along with resulting practices. Evidence of the implementation of these policies, practices, and structures will be essential.*
- *An institution shall provide its policies and practices, as required by 34 C.F.R § 602.16, along with evidence of transparency of, accuracy of, and compliance with policies and practices regarding the following. Evidence may be restricted to the current academic year:*
 - *recruiting and admissions practices,*
 - *academic calendars,*
 - *catalogs,*
 - *publications,*
 - *grading, and*
 - *advertising.*
- *In addition, an institution shall provide its policies and practices, along with evidence of transparency of, accuracy of, and compliance with policies and practices regarding the following similarly consequential matters, although not required by 34 C.F.R § 602.16. Evidence may be restricted to the current academic year:*
 - *tuition and fees;*
 - *student discipline, adjudication, and appeals processes;*
 - *hiring and employment processes for all employees;*
 - *promotion and tenure processes for faculty;*
 - *discipline, adjudication, and appeals processes for all employees;*

- *grievance procedures for all students and all employees;*
 - *research compliance; and*
 - *assessments by an Institutional Review Board or similar body.*
- *An institution shall provide its policies and practices, as required by 34 C.F.R § 602.17, along with evidence of transparency of, accuracy of, and compliance with policies and practices regarding the following. Evidence may be restricted to the current academic year:*
 - *“processes. . . through which the institution establishes that a student who registers in any course offered via distance education or correspondence is the same student who academically engages in the course or program;” and*
 - *“processes that protect student privacy and notify students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.”*

Suggested evidence

Regarding transparency of, accuracy of, and compliance with institutional policies and practices, CPHE suggests generally that the institution should supply evidence across the three most recent academic years of review and revision of policies in accordance with any scheduled cadence of assessment; transparency of these policies, accuracy of these policies, and compliance with these policies across the three most recent academic years; and evidence of management and resolution of incidents requiring correction for insufficient transparency of, inaccuracy of, or non-compliance with policies and advertised practices. CPHE suggests that the same standard should be applied to any relevant system-level policies and practices.

Continuous improvement

CPHE Accreditation Standard 5 regarding continuous improvement applies to the periodic review and revision of institutional policies and practices. At issue are any structures, bodies, and committees charged with the review and revision of policies and practices—along with the cadence by which these reviews and revisions are scheduled.

3. The institution documents its compliance with Title IV of the Higher Education Act, as required by federal regulations.

U.S. Department of Education regulations regarding standards required of accrediting agencies include this requirement:

Record of compliance with the institution’s program responsibilities under title IV of the Act, based on the most recent student loan default rate data

provided by the Secretary, the results of financial or compliance audits, program reviews, and any other information that the Secretary may provide to the agency[.]

Required evidence

An institution shall outline policies, practices, and structures (e.g., units or committees) within the institution that monitor and ensure compliance with Title IV of the Higher Education Act.

Evidence of the implementation of these policies, practices, and structures (e.g., units or committees) within the institution that monitor and ensure compliance with Title IV of the Higher Education Act shall be provided as well. Documentation that illustrates compliance over the most recent academic year should suffice.

Continuous improvement

CPHE Accreditation Standard 5 regarding continuous improvement applies to the periodic review and revision of institutional policies, practices, and structures (e.g., units or committees) within the institution that monitor and ensure compliance with Title IV of the Higher Education Act. The institution should evidence the review and revision of these policies, practices, and structures—along with the cadence by which these reviews and revisions are scheduled.

4. The institution employs conflict-of-interest policies and requires regular declarations regarding conflicts of interest from appropriate personnel.

A complement to CPHE Accreditation Standard 1 regarding integrity generally is CPHE Accreditation Standard 4's focus on conflicts of interest and the appearance of potential conflicts of interest among individual employees, agents, and members of governing boards.

Use of the word “appropriate” in CPHE Accreditation Standard 4 signals the expectation that some institutional personnel conduct work that may present potential for conflicts of interest while other institutional personnel may not. As such, it is neither appropriate nor necessary for all institutional personnel to complete regular conflict-of-interest declarations.

CPHE will not impose an operational definition of the adjective “regular” in relation to declarations, although annual declarations are the norm. Passage of additional time between required completion of declarations will increase the likelihood that new conflicts or potential conflicts have become at issue during time periods between required declarations.

Required evidence

- *An institution shall demonstrate how it determines which personnel must complete conflict-of-interest declarations—while demonstrating also that this determination is enacted as intended. Inclusion of all members of governing boards and all senior executives will be essential.*
- *An institution shall supply, describe, and evidence relevant policies and practices, provide evidence of implementation, and supply samples of conflict-of-interest declarations—with attention to legal limitations regarding such supply and/or the wisdom of redacting relevant documents.*
- *An institution shall supply, describe, and evidence officers and structures (e.g., units or committees) responsible for oversight of conflict-of-interest matters.*
- *An institution shall provide evidence of management or adjudication of conflicts of interest or potential conflicts of interest—with attention to legal limitations regarding such supply and/or the wisdom of redacting relevant documents.*
- *To the degree that institutional conflict-of-interest matters are managed at the level of the university system or the state, documentation of these will suffice, with no expectation that these will be duplicated at the level of the institution.*
- *Supply of evidence regarding the above conflict-of-interest matters over the current academic year should suffice.*

Continuous improvement

CPHE Accreditation Standard 5 regarding continuous improvement applies to policies and practices regarding conflicts of interest or potential conflicts of interest. The institution should evidence the review and revision of these policies and practices—along with the cadence by which these reviews and revisions are scheduled. If, however, conflict-of-interest matters are managed at the level of the university system or the state, institutional control over continuous improvement of these matters will not be relevant.

Continuous Improvement

- 5. The institution enacts processes for continuous improvement across its organization and activities, assessing outcomes versus goals, applying lessons learned to the improvement of policies and actions, and then repeating this cycle at appropriate intervals.**

The expectation that an institution employs and demonstrates continuous improvement is one that applies to an institution generally and to many of the notions addressed explicitly within CPHE accreditation standards. As such, regular assessment and implementation of lessons learned from assessment should be interpreted as a sub-category for documentation within many CPHE accreditation standards as well as within CPHE Accreditation Standard 5 specifically. As such, recommendations for descriptions and evidence of continuous improvement are provided within this document, for relevant standards. An institution's citing or restating texts regarding continuous improvement within its self-study may be efficient in answer to CPHE Accreditation Standard 5 and other standards.

Although CPHE Accreditation Standard 5 refers to the notion of repeating continuous improvement cycles "at appropriate intervals," CPHE will not dictate the timeline for repeating cycles. An "appropriate" interval may vary according to category of items to be assessed and according to other relevant variables.

Required evidence

An institution shall address continuous improvement generally in answer to CPHE Accreditation Standard 5. In particular, an institution shall cite, describe, and evidence centralized strategic planning, institutional assessment/effectiveness, and similar structures (e.g., units or committees responsible for continuous-improvement efforts) for assessing performance versus goals. Equally important will be institutional practices and structures for applying lessons garnered from assessment to current and future institutional plans and actions.

Suggested evidence

- To the degree that continuous improvement is executed at the level of units or departments—as complements to centralized/institutional continuous improvement—CPHE suggests that citation, description, and evidence may be deployed selectively but not comprehensively.*
- CPHE suggests that an institution should address continuous improvement in relation to CPHE accreditation standards, as suggested within the evidentiary guidance for those standards.*

- *Institutional practices that illustrate continuous improvement that may reasonably be cited, described, and evidenced relative to CPHE Accreditation Standard 5 and to other CPHE accreditation standards include but are not limited to the following (in alphabetical order):*
 - *budgeting and fiscal plans,*
 - *curricula,*
 - *governance,*
 - *master facilities plans,*
 - *mission statements,*
 - *personnel (performance of personnel via periodic evaluations, for example),*
 - *policies,*
 - *post-tenure reviews,*
 - *program reviews,*
 - *promotion and tenure reviews, and*
 - *strategic plans.*

- *It is common for institutions to assess institutional performance versus the performance of peer institutions. As such, CPHE suggests that institutions should supply information regarding peers, how peers were selected, and the measures for which performance against peers are assessed.*

Governance and Leadership

6. The institution’s governance structures and practices demonstrate sound fiduciary oversight and sound executive management.

At issue regarding CPHE Accreditation Standard 6 are the authority by which an institution is established and governed; the authority enacted by system (if applicable) and institutional governing boards; the means by which authority is delegated by the board(s) to other bodies or persons; the management provided by institutional executives; and the degree to which all of these adhere to statute and policy, are ethical, and are aligned with accepted best practices in governance and management.

Similarly at issue are the fiduciary behavior of governing board(s) as corporate bodies, the fiduciary behavior of individual members of governing boards, the management effectiveness of the executive team as a whole, and the management effectiveness of individual executives.

The phrase “sound executive management” should be interpreted by an institution to refer to leadership at the level of the chief executive down and through the institution’s

organizations and activities. As a practical matter, commentary and evidence of sound executive management need not detail leadership any lower in the chain of command than at the level of deans of institutional colleges and schools, along with senior leadership of all associated organizations that operate in support of an institution or with authority delegated by an institution (e.g., 501[c]3 foundations, online program managers).

Required evidence

- 34 C.F.R § 602.28 states that “an accrediting agency. . . may not accredit or preaccredit institutions that lack legal authorization under applicable State law to provide a program of education beyond the secondary level.” As such, an institution—as a public entity—shall supply, describe, and evidence laws or statutes that provide legal authority from the state to the institution.
- Furthermore, in answer to CPHE Accreditation Standard 6, an institution shall describe and cite applicable statutes, bylaws, and policies that relate to system (as applicable) and institutional governance—noting powers and responsibilities possessed by a system (as applicable) and institutional governing board; how any of those powers and responsibilities may be delegated to the chief executive and other persons/bodies; and how powers, responsibilities, and behaviors—in the form of evidence—reflect delegated authorities. An organizational chart will be useful but insufficient to demonstrate specific authorities and evidence of adherence to authorities.
- Regarding “sound fiduciary oversight,” an institution shall demonstrate policies and practices fulfilled by governing boards and individual members of governing boards. Documentation and evidence of the board’s fulfillment of the following, based on best practices in fiduciary behavior,⁸ shall be provided as well:

⁸ An abundance of resources is available regarding the proper roles of governing boards and of individual members of governing boards. The observations and opinions and suggestions across these resources overlap with one another or echo one another in significant ways.

Among the resources that may assist an institution in understanding and evidencing the proper roles of governing boards are the following, with the caveat that this list is not intended to be comprehensive:

- American Council of Trustees and Alumni. (2014, August 14). *Governance for a New Era*.
- Association of Governing Boards of Universities and Colleges. (2023). *AGB Board of Directors’ Statement on Influences Impacting Governing Board Independence and Leadership*.
- Association of Governing Boards of Universities and Colleges. (2018). *An Anatomy of Good Board Governance in Higher Education*.
- Association of Governing Boards of Universities and Colleges. (2021). *Principles of Trusteeship*.
- Bowen, W. G. (2012). *The board book: An insider’s guide for directors and trustees*. W. W. Norton & Company.
- Chait, R.P. (2003). *How to help your board govern more and manage less*. BoardSource, Inc.

- *Hiring, evaluating, and—as necessary—terminating the employment of the chief executive officer.*
- *Executing fiduciary responsibilities.*
- *Operating as a corporate body, without unauthorized attempts by individual trustees or subsets of trustees to exercise the board’s power.*
- *Protecting the institution from undue external influence.*
- *Providing strategic oversight.*
- *Serving as the institutional policy-making body.*
- *Delegating to the chief executive the management of the institution.*
- *Delegating other appropriate authorities to other persons or bodies in a manner consistent with policy.*

Continuous improvement

Regarding the sound fiduciary oversight by a governing board, the following continuous-improvement efforts may be at issue:

- *Assessment and continuous improvement of a board’s governance and performance generally.*
- *Orientation programs provided for new members of the governing board.*
- *Continuing education programs for the governing board and/or individual trustees.*
- *Professional development and/or leadership training for trustees.*

Regarding the sound executive management conducted by executives, the following continuous-improvement efforts may be at issue:

- *Evaluations of individual executive personnel.*

Chait, R.P., Ryan, W.P., & Taylor, B.E. (2005). Governance as leadership: Reframing the work of nonprofit boards. John Wiley & Sons and BoardSource, Inc.

Eckel, P.D. & Kezar, A. (2006). The challenges facing academic decision making: Contemporary issues and steadfast structures. In P.D. Eckel (Ed.), The shifting frontiers of academic decision making (pp. 1-14). American Council on Education and Praeger.

Eckel, P.D. & Trower, C.A. (2019). Practical wisdom: Thinking differently about college and university governance. Stylus Publishing, LLC and Inside Higher Ed.

Freedman, J.O. (2004). Presidents and trustees. In R.G. Ehrenberg (Ed.), Governing academia: Who is in charge at the modern university? (pp. 9-27). Cornell University Press.

Ingram, R.T. (2003). Ten basic responsibilities of nonprofit boards. BoardSource, Inc.

Mortimer, K.P., & Sathre, C.O. (2007) The art and science of politics in academic governance: Relations among boards, presidents, and faculty. American Council on Education.

Sweezy v. New Hampshire, 354 U.S. 234 (1957).

Trow, M. (1998). On the accountability of higher education in the United States. In W.G. Bowen & H.T. Shapiro (Eds.), Universities and their leadership (pp. 15-61). Princeton University Press.

- Professional development and/or leadership training.
- Fulfillment of strategic priorities.

7. Institutional decision-making is characterized by shared governance in appropriate processes and as documented in appropriate policies.

One acceptable definition of shared governance is articulated in the [1966-67 “Statement on Government of Colleges and Universities”](#) issued by the American Association of University Professors, the American Council on Education, and the Association of Governing Boards of Universities and Colleges. The “Statement” describes the roles of various parties in determining how U.S. institutions of higher education operate in “appropriately shared responsibility and cooperative action among the components of the academic institution.”⁹

An “interdependence” and “joint effort” among an institution’s governing board, executives, and faculty properly characterize institutional governance and decision-making, according to the “Statement.” The governing board (“the final institutional authority”) delegates “ultimate managerial responsibility” to the institution’s chief executive. Faculty exercise primary responsibility “to determine the appropriate curriculum and procedures of student instruction” (although this responsibility is typically delegated by the governing board to the faculty and may be limited by state law or statute).

In CPHE Accreditation Standard 7, uses of the adjective “appropriate” should be interpreted to allow for the effects of mission, Carnegie type, and institutional size. Furthermore, “appropriate” should be interpreted to suggest latitude—because the manner in which shared governance manifests itself or may be specified in institutional governance may vary reasonably across institutions and even within institutions, depending on occasions, tasks, and processes. That is, there is no single manner in which shared governance must be enacted. As the 1966-67 “Statement on Government of Colleges and Universities” notes, “Joint effort in an academic institution will take a variety of forms appropriate to the kinds of situations encountered.”

⁹ The 1966-67 “Statement on Government of Colleges and Universities” is advisory but not controlling. In fact, the “Statement” announces explicitly that it is not “a manual for the regulation of controversy among the components of an academic institution.” Worth noting, also, is that the “Statement” explicitly omits descriptions of governmental and other authorities that affect the governance of U.S. institutions of higher education.

Required evidence

An institution shall cite, describe, and evidence relevant statutes, bylaws, and policies that define shared governance and how it is enacted at an institution. In addition, an institution shall provide evidence of shared governance in circumstances not dictated by statutes, bylaws, and policies, if any.

Continuous improvement

CPHE suggests that an institution should produce, describe, and evidence how shared governance is assessed and revised on the basis of evidence.

Mission, Public Purpose, and Academic Excellence

8. The institution fulfills an appropriate mission.

For public colleges and universities, institutional mission is most often dictated by statute and/or by other state/system governing documents. In answer to CPHE Accreditation Standard 8, an institution is required first to supply and describe relevant statutes and governing documents. An institution is required then to evidence the manner in which relevant statutes and governing documents have been interpreted to yield an institutional mission statement. The process by which an institutional mission statement is developed, reviewed, revised, and approved shall be evidenced as well. Stakeholders involved in this process shall be described and evidenced, too.

An “appropriate” mission should be interpreted to denote an institutional mission statement’s alignment with statute and governing documents, subsequent development and approval, institution type (Carnegie classification being a suitable category of type), and institution size (e.g., student body, employees, physical plant).

At issue, then, is the process by which an institutional mission statement is evaluated to demonstrate efficacy and then to inform subsequent revision. CPHE suggests that an institution should demonstrate that each discrete facet of a mission statement should be assessed through continuous improvement—and that evidence of continuous improvement should be supplied in response to CPHE Accreditation Standard 8.

Required evidence

- *An institution shall cite and describe relevant statutes and governing documents that define and/or guide the institution’s mission.*

- *Further, an institution shall evidence the manner in which relevant statutes and governing documents have been interpreted to yield an institutional mission statement.*
- *An institution shall describe and evidence the process by which an institutional mission statement is developed, reviewed, revised, and approved. Stakeholders involved in this process shall be described and evidenced as well.*
- *An institution shall describe and evidence the process by which an institutional mission statement is evaluated to demonstrate efficacy and then to inform subsequent revision.*

Continuous improvement

CPHE suggests that an institution should demonstrate that each discrete facet of a mission statement is assessed through continuous improvement—and that evidence of continuous improvement is supplied—in response to CPHE Accreditation Standard 8.

9. The institution, as a state entity, furthers the public good.

As a complement to CPHE Accreditation Standard 8, CPHE Accreditation Standard 9 focuses on public benefits yielded in execution of mission or as corollary benefits of mission.

[The Oxford English Dictionary defines the phrase “public good” as “\[t\]he welfare of the community as a whole. . . .”](#) As such, CPHE suggests that an operational definition of “public good” relative to accreditation should denote the benefits that a college or university generates for persons and groups both inside and outside the boundaries of the institution. That is, an institution furthers the public good through opportunities and services available to the community, along with actions that yield benefits for the community.

In answer to CPHE Accreditation Standard 9, an institution may cite or restate evidence provided relative to CPHE Accreditation Standard 8.

Suggested evidence

CPHE suggests that an institution should provide evidence of fulfillment of public wants, needs, and opportunities. Metrics may include, for example, economic impact, job creation, production of graduates for workforce needs, production of good and engaged citizens, research advances in health and other fields, lifelong learning

opportunities, community engagement projects and outcomes of these, the work of extension faculty, etc.

Furthermore, an institution's partnerships with the state, with state agencies, and with companies/organizations promoting public benefits may be at issue—especially if direct evidence of successful outcomes may be evidenced.

If applicable, an institution may demonstrate that metrics of success in fulfilling public needs are communicated to the public, to government, and to stakeholders.

Continuous improvement

An institution should measure its effects on the community and assess periodically how these effects may be improved.

10. The institution strives for and demonstrates its pursuit of academic excellence.

An institution's definition of academic excellence depends on institutional mission, as derived from state statute, Carnegie type, and institutional size. Particularly at issue are the facets of academic life and inquiry that may exhibit excellence—depending on mission—for faculty, for students, and for staff (who support the academic mission) involved in teaching and in generating new knowledge: teaching, research, creative endeavor, community engagement, etc.

An institution may define “excellence” according to its own definition(s) and/or according to system, state, national, and international measures.

Furthermore, achieving and documenting excellence should be fueled by institutional aspirations for greater excellence, in terms of both quality and quantity.

Required evidence

- *An institution shall document its own definitions of academic excellence and how the institution recognizes excellence among faculty, students, and staff.*
- *An institution shall document indicators of academic excellence as measured by external bodies for faculty, students, and staff.*

Suggested evidence

To the degree that an institution measures its performance versus institutional peers, the institution should provide evidence of measures of academic excellence versus peers.

Longitudinal data provided over the three most recent academic years will generally suffice.

Some measures of academic excellence relative to students may be cited or restated relative to CPHE Accreditation Standard 16.

Likewise, some measures of academic excellence relative to faculty may be cited or restated relative to CPHE Accreditation Standard 11.

Continuous improvement

Institutional aspirations for more and greater academic excellence among faculty, students, and staff will likely be reflected by institutional resources expended to assess and support academic excellence. These may include, for example, specific advising and research opportunities for students; grant, award, and peer support for faculty and staff; and analytical tools that support the measurement of academic excellence's impact.

Faculty

11. The institution employs faculty of appropriate number and qualifications to support academic programs.

Parameters for “appropriate” numbers and qualifications of faculty to support academic programs should flow naturally from institutional mission; institution type (Carnegie classification being a suitable category of type); programs, disciplines, and colleges/schools; and student enrollment.

Furthermore, numbers and qualifications of faculty to support academic programs should adhere to norms in U.S. higher education. To the degree that numbers and qualifications of faculty deviate from norms, these deviations should be described and justified by the institution.

CPHE will not dictate student-to-faculty ratios, although an institution may cite fulfillment of programmatic or discipline-specific accreditation or certification standards regarding student-to-faculty ratios.

Required evidence

- *An institution shall supply institution-level data on the population of faculty by rank.*
- *An institution shall supply, describe, and evidence the following:*

- *policies and practices for assessing faculty effectiveness in teaching, research, service, and creative endeavor;*
 - *policies and practices for hiring faculty;*
 - *promotion and tenure policies and practices, if any;*
 - *policies and practices for post-tenure reviews, if any;*
 - *policies and practices for faculty development;*
 - *policies and practices for faculty grievances;*
 - *policies and practices regarding faculty teaching loads; and*
 - *student-to-faculty ratios.*
- *An institution shall supply, describe, and evidence policies and practices regarding how the institution defines and determines the appropriate number of its faculty—along with how the institution defines and determines the appropriate number of faculty within categories such as full-time, part-time, tenure and tenure track, adjunct, etc. The degree to which teaching and other responsibilities may be fulfilled by graduate students should be supplied, described, and evidenced as well.*
 - *An institution shall supply, describe, and evidence policies and practices regarding how the institution defines and determines the appropriate qualifications of its faculty. Policies and practices may vary reasonably by faculty type, discipline, program, and/or college/school.*
 - *Regarding federal regulations in 34 CFR § 602.18, an institution should articulate how it manages matters related to “[i]nstructors who do not meet. . . typical faculty standards, but who are otherwise qualified by education or work experience, to teach courses within a dual or concurrent enrollment program, as defined in 20 U.S.C. 7801, or career and technical education courses. . . .”*
 - *An institution shall supply, describe, and evidence how its faculty manual and/or similar policy documents anticipate the matters listed above, along with other relevant faculty matters.*

Suggested evidence

Evidence that an institution may consider citing includes the following:

- *student demand for courses versus faculty capacity to teach,*
- *credit and degree production as a function of faculty size,*
- *measures of faculty productivity individually and in the aggregate, and*

- *class sizes and scheduling capacity by day of the week and time slot.*

An institution should supply contextual information regarding the size and qualifications of faculty versus those of peer institutions whenever possible.

Continuous improvement

Rather than simply listing data, an institution should demonstrate how matters of faculty capacity and qualifications are measured and implemented in institutional decision-making and continuous improvement. Data that drive these decisions will be relevant and illustrative.

At issue is the continuous improvement of the faculty generally, of faculty qualifications generally, and of the effectiveness and performance of faculty. An institution should demonstrate how issues of faculty size and capacity are assessed and managed, how issues of faculty qualifications are assessed and managed, how faculty effectiveness and performance are assessed, and how the institution offers methods to improve the effectiveness and performance of faculty.

Academic Freedom and Intellectual Diversity

12. The institution's policies and practices support the academic freedom of the institution and its faculty.

Academic freedom belongs both to the institution and to faculty.¹⁰

*At the level of the institution, the definition of "academic freedom" is understood generally to align with the U.S. Supreme Court's 1957 decision in *Sweezy v. New Hampshire*¹¹: that an institution determines who teaches, what is taught, how it is taught, and who is admitted for study. As a practical matter, authority to make these determinations is often delegated within an institution, with curricular and pedagogical matters delegated to faculty collectively and individually.*

Not to be conflated with an individual faculty member's First Amendment rights¹² as an employee of a public institution, faculty at both public and private institutions are

¹⁰ *Academic freedom as it belongs to students is addressed in CPHE Accreditation Standard 13.*

¹¹ [*Sweezy v. New Hampshire, 354 U.S. 234 \(1957\)*](#)

¹² *Case law nevertheless notes academic freedom as associated with the First Amendment. See, for example, [*Keyishian v. Board of Regents, 385 U.S. 589 \(1967\)*](#), which is understood to describe academic freedom's*

understood generally to determine for themselves their teaching and research agendas due to the protections provided by academic freedom.¹³

Academic freedom is arguably the cornerstone of U.S. higher education, and [the American Association of University Professors's 1940 Statement of Principles on Academic Freedom and Tenure](#) is arguably the most relevant source for context. Mature institutions of higher education will have and leverage policies and practices that support and protect academic freedom. These may include explicit expectations of governing boards, according to statutes and bylaws; explicit institutional policies; tenure and promotion policies and procedures (although academic freedom is understood generally to belong to faculty regardless of tenure status); policies and practices that protect faculty from retributive action; and even grievance or disciplinary procedures for faculty. Furthermore, the roles of faculty and of faculty bodies in defining and safeguarding academic freedom likely manifest in faculty manuals and policies and should be evidenced.

Required evidence

- *An institution shall supply, describe, and evidence all policies and practices regarding academic freedom.*
- *An institution shall supply, describe, and evidence any policies and practices regarding tenure—although citing or restating these as leveraged in response to CPHE Accreditation Standard 11 may suffice. Furthermore, an institution shall supply, describe, and evidence policies and practices that demonstrate protections of the academic freedom regardless of tenure status—especially non-tenured faculty, teaching staff, and graduate-student instructors.*
- *An institution shall supply, describe, and evidence how academic freedom at the level of the institution is delegated, managed, and protected. How the institution and the governing board protect themselves from undue external influence will be essential.*

Continuous improvement

An institution should assess periodically the state of academic freedom at the institution and how the state of academic freedom may be improved.

protections of individual faculty. The verdict in [Pickering v. Board of Education, 391 U.S. 563 \(1968\)](#) is cited in protection of faculty members as public citizens when making public statements outside the classroom.

¹³ See international context in, for example, [UNESCO's Recommendation Concerning the Status of Higher-Education Teaching Personnel \(1997\)](#), Article 19 of the [International Covenant on Civil Rights](#), and [the 2009 decision of the European Court of Human Rights in *Sorguç v. Turkey*](#).

13. The institution’s policies and practices support the intellectual diversity of its faculty and students in academic and co-curricular life.

CPHE offers here its own definition of “intellectual diversity” in an attempt to frame the concept in terms that will lend themselves to operational use in accrediting activity:

“Intellectual diversity” is a cultural and pedagogical state that furthers pursuit of truth by welcoming a spectrum of reasonable ideas into consideration, civil debate, and study.

“Intellectual diversity” refers to institutional curricula, developed and enacted by faculty and thereafter experienced by students—along with co-curricular opportunities for students and for faculty. Institutional policies and practices for curricular and co-curricular activities should provide opportunities for students and faculty to be exposed to varied (and even contradictory) perspectives for analyzing, interpreting, understanding, and—in some cases—solving academic, societal, and public-policy matters. The varied perspectives brought to bear may be methodological, theoretical, disciplinary, etc.

Intellectual diversity and support of intellectual diversity may flow naturally from institutional mission, strategic plans, policies, and processes.

Ideally, achieving “intellectual diversity” does not require the affirmative favoritism of some ideas in order to achieve a balance of discourse or to fill vacuums within discourse. Such affirmative favoritism of some ideas is not necessary in an ideal state, because cultural habits or practices do not discourage the presence of those same ideas.

In the absence of “intellectual diversity” in its ideal state, and in an attempt to support the flourishing of “intellectual diversity,” an institution may need to wrestle with cultures or practices that have a prejudicial effect on the articulation of some ideas. Encouraging “intellectual diversity,” in the absence of an ideal state, may benefit greatly from the introduction of pedagogical methods and of norms for debate and discussion that welcome a spectrum of reasonable ideas.

Again, the unit of analysis here and in other CPHE accreditation matters is the institution. Although initiatives at the level of courses, class sections, departments, programs, and individual co-curricular activities may be relevant and may be evidenced relative to CPHE Accreditation Standard 13, analysis and evidence

regarding all courses, class sections, departments, programs, and individual co-curricular activities are not required or encouraged for fulfillment of this standard.

At issue are not the personal politics of individual faculty, other teaching staff, or those who coordinate co-curricular matters. Rather, what is important are the ideas that emerge in the academic and co-curricular life of students and faculty.

Especially relevant is the conduct of the understanding and pursuit of intellectual diversity in academic and co-curricular life through civil discourse among all participants. Indeed, civil discourse may and should be taught, encouraged, and—if necessary—enforced. Civil discourse encourages intellectual diversity in that exploration of an array of ideas cannot be pursued in an environment that is combative, that suppresses ideas, or that disincentivizes reasoned debate.

Intellectual diversity and the support of intellectual diversity should not curtail the academic freedom of faculty or the faculty's responsibility for curricula. Rather, intellectual diversity and the pursuit of intellectual diversity ideally reflect a shared, institutional embrace of pedagogy, academic policies, academic practices, and co-curricular matters that offer varied opportunities for students to encounter and to wrestle with a variety of ideas.

This is not to imply that intellectual diversity and the pursuit of intellectual diversity, at the level of the institution, will or should be without assessments, introduction of innovations, or even occasional reckonings with practices, pedagogies, or cultures; however, efforts to avoid the coercion of students in pursuit of intellectual diversity should not entail the coercion of faculty.

Other matters worthy of institutional consideration relative to intellectual diversity are the following:

- *CPHE Accreditation Standard 13 should be interpreted with latitude to understand “support” for intellectual diversity as being fulfilled if such support is in its infancy. Good-faith efforts to assess institutional support for intellectual diversity and to pilot new initiatives, for example, should be interpreted as fulfilling CPHE Accreditation Standard 13—so long as forecasts for future assessment and/or action can be provided and then fulfilled.*
- *Relative to intellectual diversity, curricular and co-curricular opportunities for undergraduates may be more at issue than those of graduate and professional students, in that graduate and professional students may have self-selected, through application and then enrollment, programs that are known to be characterized by particular ways of thinking and learning.*

Required evidence

An institution shall supply, describe, and evidence institutional policies and practices that support intellectual diversity—and/or that do not discourage intellectual diversity—in academic matters, including, for example, in hiring, promotion, and, if applicable, granting of tenure; course development; academic program review and approval; and the designation of courses that meet general education and academic program core requirements.

Similarly, an institution shall supply, describe, and evidence institutional policies and practices that support intellectual diversity—and/or that do not discourage intellectual diversity—in co-curricular matters. These may reasonably include the following:

- *Policies and practices regarding student organizations and access to institutional funds.*
- *Policies and practices regarding invited speakers—and academic and co-curricular events—along with the conduct of audiences at these events.*
- *Time, place, and manner policies protecting expression while preserving safety and instruction.*
- *Orientation programs provided by Student Affairs or other officers regarding civic discourse and engagement of speakers on campus.*

An institution shall supply, describe, and evidence any initiatives devised and enacted to improve support for intellectual diversity in academic and co-curricular life.

Suggested evidence

An institution is encouraged to document how support of intellectual diversity flows naturally from institutional mission—and as may be evidenced in governance structures, strategic plans, and academic processes.

An institution is encouraged to document and provide evidence of the efficacy of any of the following:

- *Classroom policies that encourage civil discourse, especially in the form of respectful academic debate.*
- *Faculty authorities for managing discussion of contested topics.*

An institution may supply results of institutional assessments devised to measure intellectual diversity and/or perceptions of intellectual diversity on campus.

Evidence of general education and the intentional design of general education to support intellectual diversity by encouraging students to encounter an array of ideas may be of natural benefit for an institution documenting fulfillment of CPHE Accreditation Standard 13.

An institution is encouraged to supply, describe, and evidence policies and practices that support civil discourse.

An institution is encouraged to supply, describe, and evidence policies and practices that support the academic freedom of students.¹⁴

Curricula

14. Institutional curricula are appropriate to mission and designed with rigor appropriate to degree level and/or credentialing requirements.

CPHE Accreditation Standard 14 leverages the word “appropriate” in relation to institutional curricula as dictated by mission, by Carnegie type, by degree level, and/or by credentialing requirements. As such, CPHE suggests that an institution should demonstrate curricular alignment with mission, institution type, degree level, and/or credentialing requirement. Because programmatic curricula may be shaped by programmatic or discipline-specific accreditation requirements, these may be relevant as well.

Required evidence

- *An institution shall supply, describe, and evidence policies and practices that govern institutional authority for curricular matters.*
- *An institution shall supply and describe the comprehensiveness of a course catalog (and/or other, readily available curricular resources) for the current academic year for denoting clearly the following:*
 - *Degree, major, and program requirements*
 - *General education requirements within the undergraduate curriculum*
 - *Policies and practices for approving new degrees, majors, programs, and colleges/schools*
 - *Policies and practices for monitoring viability of degrees and programs—in terms of enrollment in major degrees/programs, usage of courses within the degrees/programs by students outside the major, and fiscal status of the degrees/programs*

¹⁴ See, for example, [Healy v. James, 408 U.S. 169 \(1972\)](#) regarding the academic freedom of students.

- *Policies and practices for awarding credit for experience-based learning*
- *Policies and practices for awarding transfer credit*
- *Consistent with 34 CFR § 602.17, an institution shall supply, describe, and evidence that it “[m]aintains clearly specified educational objectives that are consistent with its mission and appropriate in light of the degrees or certificates awarded. . . .” An institution shall supply, describe, and evidence the role of faculty and/or other professionals in assessment of curricular effectiveness versus goals—that is, that the institution “[i]s successful in achieving its stated objectives at both the institutional and program levels. . . .”*
- *Consistent with 34 CFR § 602.17, an institution shall supply, describe, and evidence that it “[m]aintains requirements that at least conform to commonly accepted academic standards, or the equivalent, including pilot programs in [34 CFR] § 602.18(b). . . .”*
- *An institution shall supply, describe, and evidence policies and practices for ensuring consistency and rigor of curricula, regardless of modality of delivery.*
- *An institution shall supply, describe, and evidence policies and practices for ensuring consistency and rigor of curricula if offered by or in collaboration with third-party providers such as online program managers.*
- *An institution shall supply, describe, and evidence policies and practices for program review.*

Suggested evidence

An institution should supply data regarding practices of peer institutions when possible and practical in answer to the matters listed above.

Continuous improvement

Continuous improvement relative to curricula may take the form of program review, periodic assessment of general education requirements, periodic inspection of credit requirements across the entire curriculum, credit and degree production, and program/major viability. These and other institutional assessment efforts should be evidenced, with particular focus on the manners in which assessment results—including evidence of student learning—affect curricular revisions and improvements.

Measures of Program Length

15. Institutional program lengths are appropriate to degree level and/or credentialing requirements.

CPHE Accreditation Standard 15 leverages the word “appropriate” in relation to institutional curricula as dictated by mission, by Carnegie type, by degree level, and/or by credentialing requirements. As such, CPHE suggests that an institution should demonstrate alignment of program lengths with mission, institution type, degree level, and/or credentialing requirement. Because programmatic curricula may be shaped by programmatic or discipline-specific accreditation requirements, these may be relevant as well.

Required evidence

- *An institution shall supply, describe, and evidence policies and practices that govern institutional authority for institutional program lengths.*
- *An institution shall supply and describe the comprehensiveness of a course catalog (and/or other, readily available curricular resources) for the current academic year for denoting program lengths.*
- *Norms in U.S. higher education define program lengths in terms of credit hours for the following degrees:*
 - *60 credit hours for an associate’s degree*
 - *120 credit hours for a bachelor’s degree*
 - *30 credit hours for a master’s degree*

If an institution implements a unit of measure other than the credit hour to define program lengths, then the institution shall define and justify use of said unit of measure clearly. Furthermore, an institution shall cite, describe, and evidence adherence to the above program lengths for associate’s, bachelor’s, and master’s degrees. In the event that program lengths deviate from the above standards, the institution shall justify said deviation.

- *For doctoral programs and any other credentials, an institution shall cite, describe, and evidence adherence to published program lengths.*
- *An institution shall cite, describe, and evidence adherence to published program lengths for general education programs.*

- *An institution shall cite, describe, and evidence policies and practices for awarding credit for work completed at an institution other than the institution awarding the degree or credential.*

Suggested evidence

Information submitted by an institution in response to items above may benefit from comparative data that portray the practices of peer institutions.

Continuous improvement

An institution should assess degree requirements periodically, with special attention to norms and trends. In addition, institutions should be mindful of credit requirements in excess of accepted norms, in that these exacerbate problems related to the time required for students to complete degrees. Prolonged time to degree entails additional/unnecessary tuition prices paid by students and families, along with opportunity costs associated with students' postponed entry into the labor market.

An institution is advised to cite or restate relative to CPHE Accreditation Standard 15 any information provided elsewhere regarding program review generally and program review as a method of continuous improvement specifically.

Student Success and Student Support Services

16. The institution employs best practices to measure and improve both student learning and student success as assessed by varied methods.

CPHE deems prioritization of student outcomes as a primary quality that differentiates CPHE from other accrediting agencies. At issue is a focus on outputs rather than inputs—coupled with a continuous, concerted effort to model and leverage best practices in terms of tactics and measurement that will further student success and the improvement of relevant assessments.

CPHE suggests, therefore, that an institution should adopt a ceaseless attention to student success: tactics, programs, experiments, pilot programs, measurement (both qualitative and quantitative), and improvement.

CPHE recognizes that different states have access to and leverage different data, that data capabilities may vary by institution, and that data definitions likely vary as well. As such, CPHE will enable latitude in expectations and methodologies for measuring student success and student learning.

Rates of persistence and completion may employ federal data definitions; however, rates of persistence and completion that account for transfer students, part-time students, and other enrollment dynamics not captured by federal data definitions will be a useful complement to traditional measures.

CPHE will not dictate a methodology for measuring return on investment—because institutional access to data sources may vary, along with data definitions.

Measures of graduates' salaries versus tuition and fee prices should be disaggregated by majors/programs and by degree level. Longitudinal data regarding this return on investment should anticipate variation in the number of years required for some programs to yield returns.

Special attention to production of degrees and credentials that support particular state workforce needs will be appropriate, as will special attention to production of degrees and credentials that yield important societal impact while perhaps yielding small (or even negative) salary returns to students.

Tactical efforts in support of student success and measurement of student success should be outlined, with evidence provided selectively and with no expectation of comprehensiveness.

Required evidence

- *An institution shall supply, describe, and evidence participation in IPEDS reporting for completion and retention rates and graduate earnings data. Similarly, an institution shall supply, describe, and evidence tactics for improvement or stability in those IPEDS metrics over time.*
- *If an institution is part of a state university system or state higher education commission that has selected and defined student success metrics as part of its academic program application, academic program review, performance funding computations, or similar processes, the institution may demonstrate that it employs best practices to measure student learning and student success by evidencing that it participates in such a framework. To demonstrate that it employs best practices to improve student learning, the institution shall supply, describe, and evidence tactics for improvement or stability in those metrics over time.*
- *If an institution is not a part of such a state university system or state higher education commission, to demonstrate that the institution employs best practices to measure student outcomes, the institution shall select and define student success metrics consistent with its mission. Such metrics should ordinarily*

include measures of retention, completion, post-completion earnings, and return on investment—and may include measures such as professional licensure exam passage rates, post-completion employment rates, and evidence of students continuing their education. An institution may use data created for other purposes, such as IPEDS reporting, to demonstrate compliance with this standard. An institution demonstrating compliance with this standard may demonstrate that it employs best practices to improve student learning by providing evidence of improvement or stability in its student success metrics over time.

- *If not included among the data outlined above, an institution shall supply, describe, and evidence data regarding student debt, along with tactical efforts to alleviate student debt.*
- *If not included among the data outlined above, an institution shall supply, describe, and evidence its assessment of student learning, governance and management responsibility for student learning, and tactical efforts to improve student learning. Measurement of student learning may entail institutionally designed and normed assessments and/or nationally normed assessments.*

Suggested evidence

- *An institution may supply data regarding rates of persistence, completion, and postgraduate attendance that account for transfer students, part-time students, and other enrollment dynamics not captured by federal data definitions.*
- *An institution is encouraged to consider, supply, describe, and evidence selectively its holistic approaches to improving student success and student learning—especially as these may be varied and may include the following. Citing or restating text relative to CPHE Standard 17 may be sufficient:*
 - *programs correlated with improvements to student success and return on investment, including apprenticeships, co-ops, and internships; career services and graduate/professional school advisement; mentoring and tutoring programs; etc.*
 - *tactics for easing transfer processes*
 - *tactics for informing students regarding return on investment*
 - *tactics for speeding time to degree*
- *An institution may supply data regarding students' performance on institutional or system exit examinations.*

Continuous improvement

Continual improvement of data quality, representative quality, and objective results should be evidenced.

Continuous improvement of assessments and tactics intended to improve student success and student learning should be evidenced as well.

17. The institution provides student support services of appropriate variety and scope, for both academic and co-curricular purposes.

CPHE suggests that an institution may achieve partial fulfillment of CPHE Accreditation Standard 17 by citing or restating text regarding tactical efforts enacted to improve student success and student learning relative to CPHE Accreditation Standard 16.

Required evidence

- An institution shall supply, describe, and evidence student support services for both academic and co-curricular services.
- An institution shall supply, describe, and evidence staffing of student support services for both academic and co-curricular services. Citing or restating text relative to CPHE Standard 18 may suffice.

Continuous improvement

Documentation of continuous improvement of methods to bolster student success, student learning, academic services, and co-curricular services may entail citing or restating text supplied in answer to CPHE Standard 16.

Fiscal and Administrative Capacity

18. The institution maintains fiscal and administrative capacity sufficient to fulfill its mission.

U.S. Department of Education regulations (especially [34 CFR 668.171\[g\]\[1\]](#)) differentiate the requirements for demonstrating fiscal stability for public, not-for-profit institutions versus for private, for-profit and private, not-for-profit institutions. As such, CPHE enacts requirements for public colleges and universities that leverage this differentiation.

Required evidence

- *An institution shall demonstrate fiscal capacity through evidence supplied regarding audit and regarding budget oversight.*
 - *Audit: An institution that is subject to regular audit by its state auditor, equivalent office, or independent auditor will ordinarily demonstrate compliance with CPHE’s fiscal requirements by furnishing the most recent such audit that is not disclaimed, adverse, or qualified, and that does not express doubt about the institution’s fiscal stability. If such an audit contains findings, the institution shall demonstrate that it has resolved those findings or has a concrete, actionable plan for doing so.*
 - *Budget oversight: An institution demonstrates compliance with CPHE’s fiscal requirements by demonstrating that the institution maintains a coordinated, comprehensive, and flexible financial plan for the institution’s long-range financial health.*

- *If not detailed in answer to audit and budget oversight matters outlined above, an institution shall cite, describe, evidence fulfillment of state laws and system or institutional policies and procedures regarding financial planning and budgeting.*

- *Regarding the relationship between institutional costs and institutional tuition prices charged to students, CPHE recognizes that some public institutions may not exercise direct control of tuition prices and fees. For example, tuition prices and fees may be determined at the level of the system or the state rather than at the level of the institution. In cases such as these, an institution should describe how tuition prices and fees are set and how the institution leverages input into these price-setting processes.*

Regardless of any circumstance regarding an institution’s authority to set tuition prices, each institution possesses mechanisms for controlling costs. Oversight of costs, cost savings, process improvement, retirement of outdated or unnecessary infrastructure, and other relevant matters should be described and evidenced in terms of institutional efforts to control costs that may result in higher tuition prices.

- *An institution shall demonstrate administrative capacity by evidencing that it is organized to provide efficient and effective administrative, program, and resource support for the attainment of institutional mission.*

Suggested evidence

- CPHE suggests that an institution should address the following in response to CPHE Accreditation Standard 18, if these are not addressed directly in answer to required evidence regarding audit and budget oversight as outlined above:
 - Data and narrative detail regarding institutional debt, along with debt carried by any associated entities
 - Data and narrative detail regarding institutional endowments, endowments held by institutional subsidiaries, and endowments held by associated entities for the purpose(s) of benefitting the institution
 - Data and narrative details regarding institutional bond rating(s)

- CPHE suggests that data regarding administrative capacity should include the following or cite similar information relative to CPEH Accreditation Standard 6:
 - Evidence of executive leadership qualifications, from the level of college/schools deans up to the chief executive
 - Evidence of formative personnel evaluations
 - Evidence of leadership and management training

Continuous improvement

An institution should demonstrate periodic assessment and improvement of fiscal and administrative capacity. Comparative data regarding the practices of peer institutions may be relevant and useful.

Facilities and Other Resources

19. The institution maintains facilities, equipment, supplies, and infrastructure sufficient to fulfill its mission.

Required evidence

- An institution shall evidence that it operates and maintains facilities that are adequate to serve the needs of the institution's educational programs, support services, and mission-related activities. Doing so shall entail the following:
 - Compliance with safety and health laws. The institution shall comply with all ordinances and laws relative to the safety and health of persons on the campus. In lieu of citing and addressing all relevant safety and health laws, the institution shall supply information regarding any alleged lapses in compliance over the most recent academic year, with evidence as to how any alleged lapses in compliance have been resolved.
 - Laboratories and equipment. The institution shall demonstrate adequate laboratories and equipment for supporting the particular program of instruction and for enhancing student-learning outcomes.

- *Experiential learning sites. The institutions shall demonstrate assurances that sites used in field placement, internships, externships, clinical rotations, and similar experiential learning activities are safe and adequate.*
- *Housing. The institution shall demonstrate that housing for students owned, leased, maintained, or approved by the institution are appropriate, safe, and adequate.*
- *Capital maintenance: An institution shall demonstrate adherence with laws and institutional policies and procedures regarding how capital maintenance is maintained.*
- *Equipment. An institution shall demonstrate that equipment required to fulfill the institution's mission is operational and in an adequate state of repair.*
- *Infrastructure: An institution shall demonstrate sufficient scope of infrastructure for fulfillment of mission. Information technology and its support of the academic mission will be essential—especially as these are sufficient to support current needs as well as the evolving advances of technology and the related, evolving needs of stakeholders.*

Suggested evidence

- *CPHE advises that, in answer to CPHE Accreditation Standard 19, an institution should describe and cite governance and management authority regarding facilities, equipment, supplies, and infrastructure individually.*
- *Similarly, CPHE suggests that an institution should describe the scope of an institution's facilities, equipment, supplies, and infrastructure generally—with no expectations regarding comprehensiveness. Data regarding inventory, value, depreciation, and annual budgets will be useful—as will institutional determinations of sufficiency.*
- *CPHE suggests further that an institution should supply the following:*
 - *A master facilities plan*
 - *Data on deferred maintenance and any backlog of deferred maintenance*
 - *Data on the facilities condition index of institutional buildings*

Continuous improvement

An institution should assess periodically its resources and its capacity for fulfilling institutional mission. Supply of detailed studies for future action, based on current circumstances, such as a facilities master plan will be illustrative.

20. The institution maintains access to scholarly collections, materials, and tools sufficient to fulfill its mission.

At issue relative to CPHE Accreditation Standard 20 are library facilities, library collections, and research tools—along with the institution’s ability to evolve in the face of changing technologies—all in support of institutional mission. As such, some relevant matters may not be controlled by a library or by library personnel per se and may be distributed and controlled across an institution.

Required evidence

- *An institution shall describe and evidence scholarly collections, materials, and tools as these exist across the institution. Similarly, an institution shall describe and evidence access to these.*
- *An institution shall describe and evidence knowledgeable stewardship of these resources, along with knowledgeable guidance that enable access, in the form of qualified personnel.*

Suggested evidence

Descriptions supported by data regarding collections, utilization, and faculty/staff support are suggested—along with management and advisory policies, practices, and structure (e.g., units or committees) for budgeting, management, and planning for the future.

Continuous improvement

An institution should demonstrate how it maintains adequate scholarly resources and how it maintains tools and infrastructure sufficient to keep pace with technological change.

Records of Student Complaints

21. Upon the Commission for Public Higher Education’s request, the institution will supply records of student complaints—as required by U.S. Department of Education Regulations—and will demonstrate adherence to regulations, policies, and practices for management of student complaints.

[U.S. Department of Education regulations regarding standards required of accrediting agencies include this requirement: “Record of student complaints received by, or available to, the agency.”](#) It is the responsibility of CPHE to maintain student complaints received by CPHE and to report these to the U.S. Department of Education as requested. Student complaints that are “available to” CPHE should be interpreted

by an institution as student complaints received and managed by the institution, which must in turn be supplied to CPHE as requested by CPHE.

Required evidence

- *An institution shall supply, describe, and evidence institutional policies regarding student complaints, along with evidence of compliance with these policies over the most recent academic year.*
- *An institution shall supply a log of student complaints that indicates, at minimum, the nature of each complaint, any investigative steps completed, and the resolution of the complaint. Data should be redacted as appropriate. Data from the most recent academic year should suffice.*