Program-Level Accreditation Review and Notification Process

1.0 Introduction and Rationale

The University of Louisville (UofL) is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) and holds accreditation from more than one United States Department of Education (USDOE) recognized accrediting agency.

This process ensures UofL remains in compliance with SACSCOC Standard 14.4 requiring the University to (a) represent itself accurately to all USDOE recognized accrediting agencies with which it holds accreditation and (b) inform those agencies of any change of accreditation status, including the imposition of public sanctions.

While SACSCOC only requires UofL to report changes in accreditation status with USDOE recognized accrediting agencies, **this policy and process applies to all academic programs seeking or holding accreditation with a program-level accreditor regardless of USDOE recognition**. By requiring all program-level accreditations to follow this process, UofL better ensures compliance with SACSCOC since accrediting agencies' status with USDOE may change.

This process also ensures timely notification to the Office of the Provost via Accreditation and Academic Programs (AAP) in the Office of Academic Planning and Accountability (OAPA). Timely notification permits AAP to assist during the self-study process, site visit, and follow-up reporting process. Maintaining program-level accreditations is a priority for the Office of the Provost, as it is one means to assure students and relevant stakeholders of the value of a UofL academic credential and ensure the quality and rigor of instruction being provided.

2.0 Responsibilities

Academic units are responsible for maintaining compliance with their program-level accreditor(s). As a result, the academic deans shall ensure the individuals responsible for program-level accreditations within the academic units follow the provisions set forth in this process.

The Executive Vice President and University Provost (Provost) expects academic units to avoid adverse accreditation decisions. This process is designed to minimize the risk of adverse accreditation decisions by ensuring the following:

1. Individuals coordinating a self-study have timely access to necessary institutional data to complete the self-study.
2. Institutional information presented in self-studies is accurate and consistent.
3. University leadership is properly notified and prepared for site visits.
4. SACSCOC and other accrediting agencies receive timely notification of any changes in accreditation status, if necessary.

Moreover, the university's SACSCOC Liaison is responsible for notifying all academic deans and individuals responsible for program-level accreditations in writing when any of the following actions occur:

1. The University submits an institutional-level substantive change with SACSCOC (listed on pg. 12 of the SACSCOC Substantive Change Policy-June 2024).
2. The institutional profile data are updated in the SACSCOC Institutional Portal (e.g., changes in senior leadership at UofL).

The academic units are responsible for understanding and ensuring compliance with any requirements to notify program-level accreditors when changes are made within the University at the institutional level.

3.0 Process

The University has established a review process for accreditation reports and submissions to further ensure the University is represented accurately and consistently across accrediting agencies about purpose, governance, programs, degrees, diplomas, certificates, personnel, finances, and/or constituencies. Furthermore, AAP in OAPA maintains a list of all program-level accreditations as well as the designated point of contact within the academic program who is responsible for coordinating the self-study. Associate deans are expected to review this list annually to verify the information is accurate and up-to-date. This review process is initiated by AAP annually in the spring term for the upcoming academic year.

3.1 Accurate Representation to Accrediting Bodies

To maintain accurate and consistent representation of the University to SACSCOC, the USDOE, and other accrediting bodies, the University's academic catalog provides a description of the University that must be used when describing the University's role, scope, and/or mission to these agencies. The accreditation website also provides a current list of program-level accreditations including the USDOE-recognized accreditors.

3.2 First Time Program-Level Accreditations

If the faculty choose to pursue initial candidacy for program-level accreditation for an existing academic program, the faculty must follow their internal, unit-level curriculum review and approval process to approve the decision. If the internal processes are successful, the academic dean or designee must notify the University's SACSCOC Liaison or designee in writing of the proposal to pursue candidacy for accreditation of the academic program. The written correspondence should address the following prompts:

1. List the academic credentials for which program-level accreditation is being sought.
   Provide the accrediting agency's full name and URL link. Also, indicate if the accrediting agency is listed on the USDOE-recognized accrediting agency list.

2. Describe the benefits and risks of obtaining program-level accreditation through this agency.
   Include how this will impact program visibility, market competitiveness, enrollment trends, faculty recruitment, and any other strategically important operational and/or strategic initiatives.

3. Describe any implications for professional licensure requirements.

4. Describe the resources the academic unit has to meet its financial obligations to the accreditor and fulfill the established reporting guidelines to maintain compliance. Specifically, address the following in your explanation:
    a. Start-up financial costs (e.g., application fees, site visit costs, etc.),
    b. Annualized financial costs (e.g., membership fees, conference fees, reaffirmation fees, etc.),
    c. Staffing costs (e.g., hiring new staff members to manage the accreditation, consultants, etc.),
    d. Estimated annualized time commitment from faculty and staff within the academic unit to maintain accreditation (e.g., submitting reports, attending conferences, etc.), and
    e. Any other identified resources to maintain compliance.

    If the academic unit does not have the required resources, articulate what additional resources are needed and how the unit proposes to secure these resources.

5. Describe the timeline for applying for first-time recognition through the accrediting agency. Specifically, address the following in your description:
    a. Application for candidacy due date,
    b. Notification of candidacy status, and
    c. Any additional important due dates/timelines of the application process (e.g. probationary periods, initial site visit, etc.).

6. Identify the individual(s) responsible for the self-study and other reporting requirements for the program-level accreditation. Describe the individuals' prior experiences with accreditation and academic compliance-related activities.

Once the requesting unit has sent their correspondence/form to the SACSCOC Liaison or designee, it is submitted to the Provost Program Proposal Review Committee (PPPRC) for review. If the PPPRC has no additional need for clarification from the requesting academic unit, they send their recommendation to the Provost. The Provost may meet with the requesting academic dean to discuss the proposed accreditation before rendering a decision. The entire review and response process takes approximately six weeks from time of submission to Provost response. If the Provost approves the program-level accreditation, the process as outlined in section 3.3, "Review and Notification Process for Candidacy or Reaffirmation/Renewals" is followed.

3.3 Review and Notification Process for Candidacy or Reaffirmations/Renewals

1. A representative from AAP contacts the program-level accreditation self-study coordinator by no later than twelve calendar months prior to the self-study due date. This point of contact ensures the following:
    a. The academic unit is aware of the type and level of assistance available to them from AAP as the academic unit prepares their self-study.
    b. The academic unit is aware of the process and timeline to request data from OAPA and/or Institutional Research, Analytics, and Decision Support (IRADS).
    c. The academic unit is aware of the required timeline as well as the provisions within this process.

d. AAP is informed of relevant due dates and timelines associated with the submission of the self-study.

2. At least one year prior to submission of the self-study, representatives from AAP meet with the program-level accreditation self-study coordinator and other individuals from the academic unit responsible for managing the program-level accreditation process. During this meeting, the self-study coordinator and AAP representative(s) review any potential concerns of non-compliance from the academic unit and agree to a timeline for AAP to receive and review materials based upon the specific program-level accreditation process. The agreed upon timeline will govern the submission of self-study drafts and review parameters for the remainder of the review process.

3. A complete draft of the self-study report for program-level accreditation must be submitted to the SACSCOC Liaison or designee and the academic dean in which the academic program is housed at least six weeks prior to submission to the accrediting body. Although it is preferred by AAP staff to have a six-week lead time to review self-study drafts prior to the submission date, the timeline may be adjusted based on the particularities of the program-level accreditation processes and the availability of AAP staff to support the review process. The review timeline must be agreed upon during the initial meeting between AAP and representatives from the academic unit.

   During this review, the SACSCOC Liaison or designee primarily identifies revisions and/or corrections required to ensure compliance with SACSCOC Standard 14.4 (Representation of the Institution to Other Agencies). This includes ensuring the self-study provides accurate and consistent institutional-level descriptions and institutional-level data.

   Additionally, this review creates an opportunity for the program-level accreditation self-study coordinator to request assistance with strengthening the program's case for compliance. The SACSCOC Liaison or designee offer suggestions and guidance, which may strengthen the case for compliance, but these are merely suggestions. As detailed in Section 2.0, the academic units are responsible for program-level accreditations, as the subject matter experts that are best positioned to determine if the self-study has sufficiently addressed the standards and questions presented by the accreditor.

   The type of assistance AAP offers is generally related to the following:
   a. Is the structure of the argument that the program is meeting standards or requirements easy to follow and understand?
   b. Is required documentary evidence provided to support the argument?
   c. Does the self-study answer the questions presented in the standard(s)?
   d. Is the self-study structured to present the best case for compliance?
   e. If issues with non-compliance are cited, does the self-study offer mitigation strategies and/or remedies?

   While this is often an iterative process between AAP and the self-study coordinator, AAP provides feedback to the self-study coordinator by no later than three weeks from the day they receive the draft of the self-study report.

4. Once any revisions are made, a final copy of the complete self-study report submitted to the accrediting agency must be sent to AAP for Provost notification and review.

5. If any concerns are identified during the off-site review, the feedback from the accrediting agency must be shared by the self-study coordinator with the academic program coordinator, department chair, academic associate dean, dean, and SACSCOC Liaison for review. If necessary to resolve issues of non-compliance, a meeting is scheduled with the self-study coordinator, the academic program coordinator, department chair, academic associate dean, dean, and SACSCOC Liaison to discuss an appropriate response to the accreditor.

6. At least two weeks prior to a scheduled on-site visit for a program-level accreditation, the self-study coordinator, academic program coordinator, department chair, academic associate dean, and dean meet with the Provost and the SACSCOC Liaison. This meeting is a short presentation to the Provost of the accreditation process, expectations for the site visit, self-study highlights, strengths, weaknesses, potential concerns, and anticipated questions during the site visit.

7. Within two weeks of receiving the letter of determination from the accreditor after their site visit or off-site review, a copy must be shared by the self-study coordinator with the academic program coordinator, department chair, academic associate dean, dean, and SACSCOC Liaison for review. A meeting may be scheduled with necessary stakeholders to review any adverse accreditation decisions and/or any subsequent follow-up actions.

3.4 Annual Reporting and/or Notification Requirements

The self-study coordinator or designee must submit to the SACSCOC Liaison or designee any on-going and/or annual reports or other information provided to the program-level accreditor to maintain accreditation. Annual reports and/or notifications are required to be reviewed by AAP prior to submission if any of the following criterion apply:

1. The academic program(s)' most recent reaffirmation/reaccreditation resulted in an adverse finding from the accreditor.
2. The annual report and/or notification is a requirement to resolve any non-compliance findings from the most recent reaffirmation, reaccreditation, and/or annual report.
3. The submission is for a substantive change with the program-level accreditor.
4. The University President's or Provost's signature is required.

Additionally, if a review is not required, the unit level accreditation coordinator or designee may request a review from AAP if they desire additional assistance. If a review is required or requested, AAP must be provided the report by at least three-weeks prior to submission. The final submission of such documentation should be uploaded by the unit level accreditation coordinator or designee to OnBase within five (5) business days of submitting the information to the accrediting agency.

3.5 Ending or Non-Renewal of a Program-Level Accreditation

If the faculty choose to end or not-renew a program-level accreditation, the faculty must follow their internal, unit-level curriculum review and approval process to approve this decision. If the internal processes are successful, the academic dean or designee should notify the SACSCOC Liaison or designee in writing of the proposal to not renew the program-level accreditation. The written correspondence should answer the following questions:

1. What academic credentials are covered by the program-level accreditation?
2. What is the accrediting agency, and why is the program-level accreditation being ended?
3. Is the accrediting agency on the USDOE recognized accrediting agency list?
4. Does the accreditation have any implications for licensure for graduates?
5. What are the procedures for ending the program-level accreditation?
6. Who is the individual responsible for complying with any closure requirements for the program-level accreditation?

The SACSCOC Liaison reviews the request and notifies the Provost of any accreditation or licensure implications. The Provost may meet with the requesting academic dean to discuss the proposal. If the Provost approves non-renewal of the program-level accreditation, the process as outlined in section 3.6, "Notification of Changes/Decisions" is followed.

3.6 Notification of Changes/Decisions to the University SACSCOC Liaison

The SACSCOC Liaison or designee must be notified in writing of any status changes in program-level accreditations. Changes or decisions in accreditation or candidacy status may include the following:

1. A decision to grant accreditation the first time the University seeks accreditation from the agency.
2. A decision to deny accreditation or candidacy.
3. A pending or final action brought by an accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or candidacy.
4. Change in a pending action by an accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or candidacy.
5. Probation or equivalent status imposed by an accrediting agency.
6. A change in probation or equivalent status imposed by an accrediting agency (e.g., decision to grant accreditation, conditional accreditation, deny accreditation, or impose other sanctions).
7. Reaffirmation of programmatic accreditation.

3.7 University SACSCOC Liaison Reporting Responsibilities

Depending upon an accrediting agency's status with the USDOE, the University SACSCOC Liaison has different reporting responsibilities. Those responsibilities are outlined in the below sections: 3.7.1, 3.7.2, and 3.7.3.

3.7.1 SACSCOC Institutional Changes

If there is any institutional accreditation change with SACSCOC, the University SACSCOC Liaison follows the steps outlined in Section 2.0, "Responsibilities," so academic deans can ensure they notify their program-level accreditors as necessary. Additionally, the University SACSCOC Liaison sends formal

notification to all USDOE recognized accreditors to ensure compliance with SACSCOC Standard 14.4, "Representation to Other Agencies."

The University SACSCOC Liaison also informs the University President and Provost of the University response to the accrediting decision as well as other actions to remedy issues with compliance. The University SACSCOC Liaison apprises them of any risk exposures associated with an adverse change in accreditation status (e.g., licensure of graduates, eligibility for external funding, etc.). Additionally, the Board of Trustees is notified of the accrediting decision as well as the remedial actions to address issues with compliance. The University President or designee informs the University community and any other external constituents of any changes in accreditation status with SACSCOC and any other accrediting agencies, as necessary.

3.7.2 USDOE Recognized Program-Level Accreditations Changes

If there is an adverse change in accreditation status with a USDOE recognized program-level accreditor, the University SACSCOC Liaison submits notification letter(s) and other required documentation to SACSCOC. The University SACSCOC Liaison notifies the University President and Provost and apprises them of any risk exposures associated with the adverse accreditation decision (e.g., licensure of graduates, eligibility for external funding, etc.). The Board of Trustees is notified of actions of accreditation agencies, as appropriate. The University President or designee informs the University community and any other external constituents of any changes in accreditation status with any accrediting agencies, as necessary.

3.7.3 Non-USDOE Recognized Program-Level Accreditations Changes

If an adverse change in accreditation status occurs with a non-USDOE recognized program-level accreditor, the University SACSCOC Liaison notifies the Provost and apprises them of any risk exposures associated with the change of accreditation status (e.g., licensure of graduates, eligibility for external funding, etc.). The University President and Board of Trustees are notified of actions of accreditation agencies, as appropriate. The Provost or designee informs the University community and any other external constituents of any changes in accreditation status with any accrediting agencies, as necessary.