Accreditation Visit (AV)

Thematic Pathway for Reaffirmation (TPR)

Confidential Team Recommendation Form

Institution Visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Standards: \_\_\_ 2013 \_\_\_ 2023

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| The Recommended Accrediting Action Refer to the *Commission Decisions on Institutions* in the *Handbook of Accreditation.* If a sanction is found to be warranted, the confidential recommendation should identify the Standard(s) with which the institution is not in compliance. Please explain the reasons for your recommendations and note special conditions or required follow-up in Section II. |
| I. Receive the Accreditation Visit Team Report and: |
| \_\_\_ Reaffirm accreditation for: \_\_\_ Six years \_\_\_ Eight years \_\_\_ Ten years  \_\_\_ No further interaction until next comprehensive review  \_\_\_ Optional additional interaction before next comprehensive review:  \_\_\_ Schedule a Special Visit in: Fall 20\_\_\_\_ Spring 20\_\_\_\_  ­­­\_\_\_ Schedule an Interim Report on: November 1, 20\_\_\_ March 1, 20\_\_\_  \_\_\_ Schedule a Progress Report on (specify exact date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Issue a Notice of Concern and optional additional interaction(s):  \_\_\_ Schedule a Special Visit (within four years) in**:**Fall 20*\_\_\_\_*  Spring 20\_\_\_\_  \_\_\_ Schedule an Interim Report on: November 1, 20\_\_\_\_ March 1, 20\_\_\_\_  \_\_\_ Schedule a Progress Report on (specify exact date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Remove a Notice of Concern and optional additional interaction(s):  \_\_\_ Schedule a Special Visit in**:Fall 20*\_\_\_\_***  **Spring 20\_\_\_\_**  \_\_\_ Schedule an Interim Report on: November 1, 20\_\_\_ March 1, 20\_\_\_  \_\_\_ Schedule a Progress Report on (specify exact date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Continue accreditation and issue a sanction:  \_\_\_ Issue a Warning (maximum two years) with a Special Visit in**:Fall 20\_\_\_\_**  **Spring 20\_\_\_\_**  \_\_\_ Impose Probation (maximum two years) with a Special Visit in: **Fall 20\_\_\_\_** **Spring 20\_\_\_\_**  \_\_\_ Impose Show Cause Order (maximum one year) with a Special Visit in: **Fall 20\_\_\_\_** **Spring 20*\_\_\_\_***  \_\_\_ Withdraw Accreditation on (specify exact date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| II. Explanation Of The Team Recommendation |
| Explain the rationale for the recommendation for length of time for reaffirmation. Include the team’s perspective on how effectively the institution has addressed the Standards of Accreditation. If additional interaction with WSCUC is recommended, explain the reasons why the type and date of the interaction is being proposed. If a recommendation to issue or remove a Notice of Concern is being made, please explain the rationale.   If a sanction has been recommended, please identify the Standard(s) with which the institution is not in compliance and the evidence that led the team to this conclusion. Use additional pages as needed. |

*Revised, July 2023*