

Confidential Recommendation to the NWCCU Board of Commissioners

Institution Visited: _____ Lead Evaluator/Chair: _____

Evaluation Type: Year One / Year Three / Year Seven / Comprehensive / Ad Hoc / FRR*

1. Accreditation Status Recommended Action: (Check one of the following actions; include date if Deferring Action.)

- Reaffirm *Accreditation*
- Grant *Accreditation*: Level (A.A., B.A./S., etc) _____
- Grant *Accreditation at new degree level*: Level(s) _____
- Grant *Candidacy*
- Continue *Candidacy*

Include date if recommending deferring action:

- Defer Action until Spring / Fall of _____ (year).

Please cite Eligibility Requirements (ER) and/or Standards that are out of compliance and lead to any of the following recommendations.

- Deny *Accreditation* ER and/or Standards _____
- Deny *Candidacy* ER and/or Standards _____
- Remove *Accreditation* ER and/or Standards _____
- Remove *Candidacy* ER and/or Standards _____

2. Recommendations regarding previous recommendations that your committee evaluated that were cited as areas of Non-Compliance:

a. Recommendation(s) # _____ of the Spring / Fall __ (year) (Year One / Year Three / Year Seven / Ad Hoc / FRR*) Peer-Evaluation Report ***remain non-compliant***.

b. Recommendation(s) # _____ of the Spring / Fall __ (year) (Year One / Year Three / Year Seven / Ad Hoc / FRR*) Peer-Evaluation Report ***are now in compliance***.

3. Recommendations regarding previous recommendations that your committee evaluated that were in compliance:

- a. Recommendation(s) # _____ are fulfilled.
- b. Recommendation(s) # _____ are continued. Date to be reviewed _____
- c. Recommendation(s) # _____ are now non-compliant. Date to be reviewed _____

4. Recommendations from current Evaluation Report:

- a. Recommendation(s) # _____ of current peer-evaluation report are areas of non-compliance.
- b. Recommendation(s) # _____ of current peer-evaluation report are areas substantially in compliance, but where improvement is required.

5. Recommended Follow-Up: Please check as appropriate.

If recommending follow-up please cite: 1) Season and year of follow-up; 2) Recommendations to be addressed.

a. ___Address in next regularly scheduled report

Recommendation(s) # _____

b. ___Ad Hoc Self-Evaluation Report

With/ Without visit in Spring / Fall ___ (year)

Recommendation(s) # _____

6. Sanction (if appropriate): (If issued or continued, indicate the season and year for re-evaluation.)

Issue: *Warning* *Probation* *Show-Cause* for ER(s)/Standard(s): _____

Continue: *Warning* *Probation* *Show-Cause* for ER(s)/Standards(s): _____

Remove: *Warning* *Probation* *Show-Cause* issued for ER(s)/Standard(s): _____

Recommendation(s) leading to this action: _____

Lead Evaluator/Chair Signature: _____ Date: _____

Explanations for the Confidential Recommendations

Provide a concise rationale for each of the following:

Section 1. Accreditation Status: Recommended accreditation action:

Section 2. Recommendations regarding previous recommendations cited as areas of non-compliance that were reviewed in this evaluation:

Section 3. Recommendations regarding previous recommendations that were in compliance:

Section 4. For each Recommendation, note as to whether the Recommendation represents area(s) where the institution is substantially in compliance with cited Eligibility Requirement(s) or Standard(s), but where improvement is needed or whether the Recommendation represents area(s) where the institution is out of compliance with cited Eligibility Requirement(s) or Standard(s). **Please be sure to refer to all Recommendations:**

Section 5. Recommended follow-up if any:

Section 6. Recommendation regarding issuance, continuation or removal of Sanction(s):