

**Confidential Recommendation to the Board of Commissioners
Northwest Commission on Colleges and Universities**

Institution: _____

(Lead) Evaluator/Chair: _____ Date(s) of Visit: _____

Nature of Visit: Comprehensive Regular Interim Focused Interim Special

1. Recommended Action: (Check one of the following actions, including date where appropriate.)

Reaffirm Accreditation

Grant Initial Accreditation (*A Progress Report is required in the third year.*)

Grant Initial Candidacy (*An Interim Candidacy Report and visit are required in 18 months.*)

Continue Candidacy

Defer action until spring / fall of _____ (year).

Deny Initial Accreditation

Deny Initial Candidacy

Withdraw Candidacy

Terminate Accreditation

2. Recommended Sanction: (Check, if appropriate. Mark the season and fill in the year for reevaluation.)

Issue *Warning Probation Show-Cause*; Reevaluate in spring / fall of ____ (year).

Continue: *Warning Probation Show-Cause*; Reevaluate in spring / fall of _____ (year).

Remove: *Warning Probation Show-Cause.*

3. Status of Areas Relevant to this Visit Previously Identified as Areas of Non-compliance:

Non-compliance areas cited in Recommendation(s) # _____ of the spring/ fall _____ (year)
Comprehensive / Regular / Focused / Special Evaluation Report are now substantially in compliance.

Non-compliance areas cited in Recommendation(s) # _____ of the spring/ fall _____ (year)
Comprehensive / Regular / Focused / Special Evaluation Report continue to be out of compliance.

4. Discernment of Recommendations Originating from Your Evaluation Report:

Recommendation(s) # _____ of my report represent areas of non-compliance.

Recommendation(s) # _____ of my report represent areas substantially in compliance, but where improvement is required.

5. Recommended Oversight: (Check all that apply. For each recommended activity: 1) identify the season and year; 2) list associated Recommendations to be addressed; and 3) identify the season, year, and type of report that contains those Recommendations – normally your report is the source of the Recommendations.)

Progress Report in spring/ fall of _____ (year) to address Recommendation(s) # _____
of the spring/ fall _____ (year) Comprehensive / Regular / Focused / Special Evaluation Report.

Focused Report/visit in spring/ fall of _____ (year) to address Recommendation(s) # _____
of the spring/ fall _____ (year) Comprehensive / Regular / Focused / Special Evaluation Report.

Other: _____

(Lead) Evaluator/Chair Signature: _____ Date: _____

Please complete the reverse side of this form.

Rationale

1. Please provide a succinct rationale for the recommended accreditation Action.
2. Please provide a succinct rationale for the recommended action on Sanctions.
3. Please provide a succinct rationale for your determination of the current status of areas relevant to this visit previously identified as areas of non-compliance.
4. All Recommendations originating from your evaluation report must cite relevant accreditation criteria as the basis of findings. Please provide a succinct rationale for your discernment of Recommendations that represent areas of non-compliance and Recommendations that represent areas for improvement. Be sure to account for all Recommendations.
5. Please provide a succinct rationale for the recommended oversight.