

Confidential Recommendation to the NWCCU Board of Commissioners

Institution: _____ Lead Evaluator/Chair: _____

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

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

Reaffirm *Accreditation*

Grant *Accreditation*

Grant *Candidacy*

Continue *Candidacy*

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

Deny *Accreditation*

Deny *Candidacy*

Remove *Candidacy*

Remove *Accreditation*

2. 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): _____

3. Current Status of Areas within the Scope of this Evaluation Cited Previously as Areas of Non-Compliance:

Non-compliance area(s) in Recommendation(s) # _____ of the spring / fall ____ (year) (Year One / Year Three / Year Five / Year Seven / Ad Hoc / FRR*) Peer-Evaluation Report are still non-compliant.

Non-compliance area(s) in Recommendation(s) # _____ of the spring / fall ____ (year) (Year One / Year Three / Year Five / Year Seven / Ad Hoc / FRR*) Peer-Evaluation Report are now in compliance.

4. Discernment of Recommendations Originating from this Evaluation Report:

Recommendation(s) # _____ of this peer-evaluation report are areas of non-compliance.

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

5. Recommended Follow-Up: For each event cite: 1) Season and year of event; 2) Recommendations to be addressed; and 3) Season, year, and type of peer-evaluation report containing those Recommendations.

Addendum to the spring / fall _____ (year) (Year One/ Year Three/ Year Five/ Year Seven/ Comprehensive) Self-Evaluation Report to address Recommendation(s) # _____ of the spring / fall _____ (year) (Year One/ Year Three/ Year Five/ Year Seven/ Comprehensive / Ad Hoc / FRR*) Peer-Evaluation Report

Ad Hoc Self-Evaluation Report with/ without visit in spring / fall ____ (year) to address Recommendation(s) # _____ of the spring / fall _____ (year) (Year One / Year Three / Year Five / Year Seven / Comprehensive / Ad Hoc / FRR*) Peer-Evaluation Report

Financial Resources Report in spring / fall _____ (year) to address Recommendation(s) # _____ of the spring / fall _____ (year) (Year One / Year Three / Year Five / Year Seven / Comprehensive / Ad Hoc/ FRR*) Peer-Evaluation Report

Other: _____

Lead Evaluator/Chair Signature: _____ Date: _____

Rationale for the Confidential Recommendation Determinations

Provide a succinct rationale for each of the following:

Section 1. Recommended accreditation action(s).

Section 2. Recommended issuance/imposition/continuation/removal of Sanction(s).

Section 3. Determination of current status of areas within the scope of this visit that were cited previously as areas of non-compliance.

Section 4. For each Recommendation, determination 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). **Account for all Recommendations.**

Section 5. Recommended follow-up.