Higher Learning Commission
A commission of the North Central Association

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June 10, 2014

Dr. Patrick M. Johns
President
Lake Superior College
2101 Trinity Rd.
Duluth, MN 55811

Dear President Johns:

Attached is the report of the team that conducted Lake Superior College's Quality Checkup site visit. In addition to communicating the team's evaluation of your institution's compliance with the Commission's Criteria for Accreditation and the Commission's Federal Compliance Program, the report captures the team's assessment of your institution's use of the feedback from its last Systems Appraisal and its overall commitment to continuous improvement.

A copy of the report will be read and analyzed by the AQIP Panel that reviews institutions for Reaffirmation of Accreditation at the time your institution's review is scheduled.

Please acknowledge receipt of this report within the next two weeks, and provide any comments you wish to make about it. Your response will become a part of the institution's permanent record.

Sincerely,

Mary L. Green
AQIP Accreditation Services

QUALITY CHECKUP REPORT

Lake Superior College

Duluth, MN
April 2 -4, 2014

The Higher Learning Commission
A Commission of the North Central Association

QUALITY CHECKUP TEAM MEMBERS:

Dr. Jackie L. Freeze
Vice President for Student Success Services
Western Wyoming Community College

Jim Simpson
Professor, Accounting/CIS
Scottsdale Community College

Background on Quality Checkups conducted by the Academic Quality Improvement Program

The Higher Learning Commission's Academic Quality Improvement Program (AQIP) conducts Quality Checkup site visits to each institution during the fifth or sixth year in every seven-year cycle of AQIP participation. These visits are conducted by trained AQIP Reviewers to determine whether the institution continues to meet The Higher Learning Commission's *Criteria for Accreditation*, and whether it is using quality management principles and building a culture of continuous improvement as participation in the Academic Quality Improvement Program (AQIP) requires. The goals of an AQIP Quality Checkup are to:

1. Affirm the accuracy of the organization's Systems Portfolio and verify information included in the portfolio that the last Systems Appraisal has identified as needing clarification or verification (System Portfolio Clarification and Verification), including review of distance delivery and distributed education if the institution is so engaged.

2. Review with organizational leaders actions taken to capitalize on the strategic issues and opportunities for improvement identified by the last Systems Appraisal (Systems Appraisal Follow Up);

3. Alert the organization to areas that need its attention prior to Reaffirmation of Accreditation, and reassure it concerning areas that have been covered adequately (Accreditation Issues Follow Up);

4. Verify federal compliance issues such as default rates, complaints, USDE interactions and program reviews, etc. (Federal Compliance Review); and

5. Assure continuing organizational quality improvement commitment through presentations, meetings, or sessions that clarify AQIP and Commission accreditation work (Organizational Quality Commitment).

The AQIP peer reviewers trained for this role prepare for the visit by reviewing relevant organizational and AQIP file materials, particularly the organization's last *Systems Appraisal Feedback Report* and the Commission's internal *Organizational Profile,* which summarizes information reported by the institution in its *Annual Institutional Data Update*. The Quality Summary Report provided to AQIP by the institution is also shared with the evaluators. Copies of the Quality Checkup Report are provided to the institution's CEO and AQIP liaison. The Commission retains a copy in the institution's permanent file, and will be part of the materials reviewed by the AQIP Review Panel during Reaffirmation of Accreditation.

Clarification and verification of contents of the institution's *Systems Portfolio*

Lake Superior College has been an AQIP institution since 2001. The Team reviewed the 2010 Systems Portfolio and related Systems Appraisal Report before arriving for the Quality Checkup visit to gain an understanding of Lake Superior College (LSC). In addition, the institution provided the Team with the 2013 Systems Portfolio and related Systems Appraisal Report and a 2014 Quality Program Summary. During the visit, the Team verified and clarified the contents of both Systems Portfolios through discussions with the college President, the Leadership Team, and various cross-functional groups that included students, administrators, faculty, staff, and community members.

The evidence reviewed during the visit supported the information provided in the Systems Portfolio. The evidence included reports and discussion with the Executive Leadership Team, Faculty, Academic Deans, the Student Academic Achievement Committee, the Climate Committee, the AQIP Steering Committee, and other cross-functional teams.

It was evident that LSC has spent time and energy reviewing the feedback received in both Systems Appraisal Reports, particularly the most recent report. There has been significant administrative transition since the 2010 portfolio review which, to some extent, has necessitated change in overall direction, planning and organization. A large 40-50 member institutional effectiveness committee was deemed to be ineffective, and the quality process was revamped. A much smaller AQIP steering committee was created to oversee the process. The President has assigned responsibility to improve data collection and dissemination, and also assigned a Vice-President with aligning and improving processes. Particularly noteworthy was the development of a Climate Committee to address perceptions of low morale and lack of trust. Despite the results of a climate survey that revealed these perceptions, interviews with employees from all groups consistently expressed a sincere appreciation of their fellow employees and the institution. They appear to have confidence in the Climate Committee and President to rebuild the trust and morale.

The College agreed that the majority of the opportunities identified by the Systems Appraisals were, in fact, opportunities. The Leadership Team also acknowledged the lack of progress identified in both reports, and attributed this lack of progress to what they described as a "reset" with new leadership, new institutional research, and reduced administrative staffing resulting from structural realignments. For this reason, the 2013 Portfolio was a complete rewrite and not updated from the 2010 Portfolio. The 2010 Feedback Report was not fully addressed due to the change in personnel, operational philosophy, and operational approach during that time. Lack of progress from one portfolio to the next was a significant concern that was clarified by onsite discussions and review of the Quality Program Summary.

In the team's judgment, the institution presented satisfactory evidence that it met this goal of the

Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with the Commission's standards and AQIP's expectations.

Review of the organization's quality assurance oversight of its distance education activities.

LSC was authorized to offer online degree programs in 2002 and currently has six online programs. In the current semester, over 13,000 credit hours (approximately 33%) are offered in full online or hybrid mode.

Discussions with the administrative and faculty online coordinator, as well as a review of the E-campus website, revealed LSC has published policies for student expectations and preparedness for a successful online experience. A strong leadership team is in place to guide the distance education program. An online program advisory committee meets once a month to provide support and guidance. The institution has participated in Quality Matters since 2004 but has determined that they need a more robust approach to peer review and development of content and pedagogy. This is well underway.

The E-campus team was formed to provide support for both students and faculty. The team consists of a help desk coordinator to track requests to improve services and monitor the Facebook site where students post problems, an online course peer review coordinator, and an instructional technologist to help faculty with pedagogical design.

Consistency of the student experience is established through standardized course shells and a faculty training module that is delivered as a face-to-face "Boot Camp." Efforts are underway to develop an online version of this training for distance faculty, and an AQIP Action Project is expanding and institutionalizing the training. The next phase is the further development of expectations for faculty to codify the establishment of office hours, sick days, and other interpretations of the faculty contract. Although there has been resistance to making the training mandatory, the Dean highly encourages it, and faculty have responded well. Some course components are required to be in the syllabi, such as any global outcome that is addressed by the course. The personnel interviewed expressed a commitment to ensure course equivalency and consistency regardless of the delivery mode.

The Program for Online Excellence in Teaching (POET) is under development to support "Artistry in Teaching." One component of this program will include a new peer review process which will be used to ensure equivalent contact, content, and rigor. Up to this point, the Dean has been evaluating courses to suggest improvements. such as asking a new faculty member to reduce content to model a three-credit equivalent course and asking another to increase the content.

Student services for online learners include an Online Student Mentor program consisting of student

"Ambassadors" to help students navigate the online experience, a SmarThinking online tutoring program, and online libraries. These service are accessed through D2L (the course management system) and are provided by MnSCU.

Other typical student services such as advisement and counseling are provided in a face-to-face environment or can be accomplished via telephone or online.

In the team's judgment, the institution has presented satisfactory evidence that* its distance education activities *are acceptable and do comply with the Commission's standards and expectations.

Review of the organization's quality assurance and oversight of distributed education (multiple campuses)

The College currently has two additional locations. The Center for Advanced Aviation (CAA) is located five miles north at the Duluth International Airport and provides training for FAA certification programs. The Emergency Response Training Center (ERTC) is located ten miles west of the main campus; a 120-acre remote training facility that provides specialized training for a variety of fire department activities, emergency response teams, and over-the-road truck driving.

The Team visited the ERTC and found a unique location with state-of-the-art facilities including a jet fuselage that can be set on fire to train emergency responders and tractor-trailer rigs to train over-the-road truck drivers. The classrooms contain all the computer equipment necessary for training in virtual environments, and the other rooms in the building replicate a living environment for firefighters and truckers.

These locations rely on the main campus for the majority of student support services, which does not appear to be an issue due to the close proximity of the main campus.

A new downtown location is under construction and will be submitted for approval as a location upon completion. The team did not visit this location since services are not currently operational.

In the team's judgment, the institution has presented satisfactory evidence that its distributed education activities (operation of multiple campuses) are acceptable and comply with Commission's standards and expectations

Review of specific accreditation issues identified by the institution's last Systems Appraisal

The last two Systems Appraisal Reports did not identify any specific accreditation issues.

In the team's judgment, the institution presented satisfactory evidence that it met this goal of the

Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP's expectations.

Screening of Criteria for Accreditation and Core Components

The following section identifies any areas in the judgment of the Quality Checkup Team where the institution either has not provided sufficient evidence that it currently meets the Commission's *Criteria for Accreditation* (and the core components therein) or that it may face difficulty in meeting the *Criteria* and core components in the future. Identification of any such deficiencies as part of the Quality Checkup affords the institution the opportunity to remedy the problem prior to Reaffirmation of Accreditation. Items judged to be "Adequate but could be improved" or "Unclear or incomplete" during the Checkup Visit screening will not require Commission follow-up in the form of written reports or focused visits. However, Commission follow-up will occur if the issues remain apparent at the point of reaffirmation of accreditation.

Criterion 1: Evidence found in the Systems Portfolio	Core Component				
	1A	1B	1C	1D	
Strong, clear, and well-presented.		X	X	X	
Adequate but could be improved.	X				
Unclear or incomplete.					
Criterion 2: Evidence found in the Systems Portfolio	Core Component				
	2A	2B	2C	2D	2E
Strong, clear, and well-presented.	X	X	X	X	X
Adequate but could be improved.					
Unclear or incomplete.					
Criterion 3: Evidence found in the Systems Portfolio	Core Component				
	3A	3B	3C	3D	3E
Strong, clear, and well-presented.	X				
Adequate but could be improved.		X	X	X	X
Unclear or incomplete.					
Criterion 4: Evidence found in the Systems Portfolio	Core Component				
	4A	4B	4C		
Strong, clear, and well-presented.	X				
Adequate but could be improved.		X	X		
Unclear or incomplete.					
Criterion 5: Evidence found in the Systems Portfolio	Core Component				
	5A	5B	5C	5D	
Strong, clear, and well-presented.					
Adequate but could be improved.	X	X	X	X	
Unclear or incomplete.					

The last two Systems Appraisal Reports did not identify any specific accreditation issues; however, the most recent Appraisal notes that additional evidence could make a stronger case for reaffirmation. The current Team agrees with that assessment, but believes the institution is on track to address these concerns through efforts such as stronger more consistent leadership, the formation of the Climate Committee to address communication challenges, the progress made to develop a plan that aligns LSC's goals with those of MnSCU and AQIP, and the Data Integrity and Process Improvement Action Projects. However, the institution struggles with a comprehensive approach to the assessment of student learning at the institutional and program level. There is little being done at the institutional level, and assessment activities vary significantly from program to program, with some doing only course assessment. Technical programs are more advanced in the use of data, portfolio analysis, and overall program assessment. Non-instructional programs do not have program review and do not participate in any other assessment activities. This is an area where the institutional should put resources into a more comprehensive and systematic effort.

In the team's judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP's expectations.

Review of the institution's approach to capitalizing on recommendations identified by its last Systems Appraisal in the Strategic Issues Analysis.

The two Systems Appraisal teams both identified the collection of data, benchmarking, and process improvement (especially as it relates to planning) as strategic issues and challenges. The 2013 report also suggested that attention be directed towards effective internal communication.

Several factors have impeded progress towards reliable and consistent data collection, analysis, and data-informed decision-making. The transition to a new President, the departure of the IR person hired to improve data collection, the arrival of a new System Chancellor in 2011 (accompanied by a new district strategic plan with 26 objectives), and the budget crisis that resulted in the number of Vice Presidents being reduced from six in 2010 to two in 2011.

To address data collection and utilization, the new President appointed a former faculty member to the position of Director, Office of Accreditation, Research, and Assessment. The new Director now has responsibility for data collection, and the President has mandated all requests for data be funneled through IR. The new Director is developing policies and procedures for managing and prioritizing data requests, collating the data to be in a consistent format, and publishing the data to a website to achieve the President's goal of greater transparency and diminish the number of data requests. Participants in the

forum with staff members confirmed the data analysis has improved over the last two years. However, the institutional research staff consists of two people, which makes it difficult to respond to all requests in a timely manner. The Minnesota System is in the process of developing a dashboard of system indicators by campus, which will provide some key indicator comparators for Lake Superior College and may address some of the more routine data needs.

The 2014 Quality Program Summary acknowledges there has been a lack of progress on integrating processes with planning. To address this challenge, the President recently tasked the Vice President of Academics and Student Services with developing an academic plan to integrate all of LSC's goals, strategies, ongoing initiatives, and special projects with those of MnSCU, while at the same time aligning these objectives with accreditation and other compliance requirements. He is also working to develop the structure for the institution's strategic enrollment management (SEM) effort. The president reassigned some of the Vice President's duties for the year so that significant progress could be made on these initiatives. The objective is to create a continuous planning process and structure to institutionalize such planning and integration in the future. The VP of Academic and Student Services said a majority of his time is being consumed by this project, which may be impacting the leadership provided to daily operations despite the improvement in planning processes. Once the planning structure is in place, it will be important for the leadership team to include the entire campus community and refocus on providing leadership to move initiatives forward.

The concern expressed in the 2013 portfolio regarding communication needs to continue to be a focus area for Lake Superior. The activities of the Campus Climate Committee are a very positive step, and they have made a number of recommendations. Acting upon these recommendations and encouraging continued dialog may contribute significantly to improved communication and employee morale.

In the team's judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP's expectations.

Review of organizational commitment to continuing systematic quality improvement

Lake Superior College is dedicated to continuously improving its programs and services at every level. The institution attributes many of its changes over time to involvement in the academic quality improvement program. They sponsored 18 AQIP projects during since 2001 and currently have 4 active projects. They freely admit that not all were successfully implemented, and they now work to be more strategic when determining projects.

The reassignment of the VP to focus on planning and integration of processes and efforts to develop a

SEM plan illustrate the institution's commitment to quality improvement. There is pressure to sustain these initiatives and facilitate systematic change that can help move the college forward. The SEM initiative has the potential to provide common core indicators and benchmarks in areas such as retention and completion.

In the team's judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP's expectations.

Other AQIP Considerations or Concerns

No additional concerns to report.

Federal Compliance Worksheet for Evaluation Teams

Effective for visits beginning January 1, 2013

Evaluation of Federal Compliance Components

The team reviews each item identified in the Federal Compliance Guide and documents its findings in the appropriate spaces below. Generally, if the team finds in the course of this review that there are substantive issues related to the institution's ability to fulfill the Criteria for Accreditation, such issues should be raised in appropriate sections of the Assurance Section of the Team Report or highlighted as such in the appropriate AQIP Quality Checkup Report.

This worksheet outlines the information the team should review in relation to the federal requirements and provides spaces for the team's conclusions in relation to each requirement. The team should refer to the Federal Compliance Guide for Institutions and Evaluation Teams in completing this worksheet. The Guide identifies applicable Commission policies and an explanation of each requirement. **The worksheet becomes an appendix to the team's report.**

Assignment of Credits, Program Length, and Tuition

Address this requirement by completing the "Team Worksheet for Evaluating an Institution's Assignment of Credit Hours and on Clock Hours" in the Appendix at the end of this document.

Institutional Records of Student Complaints

The institution has documented a process in place for addressing student complaints and appears to be systematically processing such complaints as evidenced by the data on student complaints since the last comprehensive evaluation.

1. Review the process that the institution uses to manage complaints as well as the history of complaints received and processed with a particular focus in that history on the past three or four years.

2. Determine whether the institution has a process to review and resolve complaints in a timely manner.

3. Verify that the evidence shows that the institution can, and does, follow this process and that it is able to integrate any relevant findings from this process into its review and planning processes.

4. Advise the institution of any improvements that might be appropriate.

5. Consider whether the record of student complaints indicates any pattern of complaints or otherwise raises concerns about the institution's compliance with the Criteria for Accreditation or Assumed Practices.

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6. Check the appropriate response that reflects the team's conclusions:

(X) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.

( ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.

( ) The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.

( ) The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments:

The institution has in place a procedure for tracking and acting upon student complaints and provided a flowchart of the process. Historical information was reconstituted from 2010 forward to the best of their ability, but was not tracked as it should have been since the previous review was under different leadership. They indicated that there is administrative follow-up on all student complaints. Types and quantity of complaints show typical patterns. No unusual concerns were identified. The system for handling non-academic complaints is reported to be ad hoc and not tracked in a systematic way.

The institution has developed a systematic way to track all student and stakeholder complaints and to show that regular review and data-informed decision-making occurs related to trends. This is something that should be fully implemented as soon as possible and tracked over time. An annual systematic review of the nature of complaints and subsequent actions should be done to identify policy implications.

Additional monitoring, if any: None

Publication of Transfer Policies

The institution has demonstrated it is appropriately disclosing its transfer policies to students and to the public. Policies contain information about the criteria the institution uses to make transfer decisions.

1. Review the institution's transfer policies.

2. Review any articulation agreements the institution has in place, including articulation agreements at the institution level and program-specific articulation agreements.

3. Consider where the institution discloses these policies (e.g., in its catalog, on its web site) and how easily current and prospective students can access that information.

Determine whether the disclosed information clearly explains the criteria the institution uses to make transfer decisions and any articulation arrangements the institution has with other institutions. Note whether the institution appropriately lists its articulation agreements with other

institutions on its website or elsewhere. The information the institution provides should include any program-specific articulation agreements in place and should clearly identify program-specific articulation agreements as such. Also, the information the institution provides should include whether the articulation agreement anticipates that the institution under Commission review: 1) accepts credit from the other institution(s) in the articulation agreement; 2) sends credits to the other institution(s) in the articulation agreements that it accepts; or 3) both offers and accepts credits with the other institution(s).

4. Check the appropriate response that reflects the team's conclusions:

    (X) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.

    ( ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.

    ( ) The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.

    ( ) The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

    Comments:

    The institution makes transfer in and out policies and information available on its website, college catalog, student handbook, and through other standard communication tools. The transfer services site clearly explains policies related to transfer credit. MnSCU handles articulation agreements and coordination among institutions in the system and in the State and publishes them on the Minnesota Transfer Site.

    Additional monitoring, if any: None

Practices for Verification of Student Identity

The institution has demonstrated that it verifies the identity of students who participate in courses or programs provided to the student through distance or correspondence education and appropriately discloses additional fees related to verification to students and to protect their privacy.

1. Determine how the institution verifies that the student who enrolls in a course is the same student who submits assignments, takes exams, and earns a final grade. The team should ensure that the institution's approach respects student privacy.

2. Check that any fees related to verification and not included in tuition are explained to the students prior to enrollment in distance courses (e.g., a proctoring fee paid by students on the day of the proctored exam).

3. Check the appropriate response that reflects the team's conclusions:

(X) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.

(   ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.

(   ) The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.

(   ) The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments:

Lake Superior College utilizes acceptable practices for verifying student identity in courses, including password systems and proctored exams. Online courses are taught utilizing D2L and require a unique ID and password. Logs are maintaining showing IP addresses that access D2L. There are no additional fees specifically related to verification.

Additional monitoring, if any: None

Title IV Program Responsibilities

The institution has presented evidence on the required components of the Title IV Program.

This requirement has several components the institution and team must address:

▪ ***General Program Requirements.*** *The institution has provided the Commission with information about the fulfillment of its Title IV program responsibilities, particularly findings from any review activities by the Department of Education. It has, as necessary, addressed any issues the Department raised regarding the institution's fulfillment of its responsibilities in this area.*

▪ ***Financial Responsibility Requirements.*** *The institution has provided the Commission with information about the Department's review of composite ratios and financial audits. It has, as necessary, addressed any issues the Department raised regarding the institution's fulfillment of its responsibilities in this area. (Note that the team should also be commenting under Criterion Five if an institution has significant issues with financial responsibility as demonstrated through ratios that are below acceptable levels or other financial responsibility findings by its auditor.)*

Default Rates. The institution has provided the Commission with information about its three year default rate. It has a responsible program to work with students to minimize default rates. It has, as necessary, addressed any issues the Department raised regarding the institution's fulfillment of its responsibilities in this area. Note for 2012 and thereafter institutions and teams should be using the three-year default rate based on revised default

rate data published by the Department in September 2012; if the institution does not provide the default rate for three years leading up to the comprehensive evaluation visit, the team should contact Commission staff.

▪ ***Campus Crime Information, Athletic Participation and Financial Aid, and Related Disclosures.*** *The institution has provided the Commission with information about its disclosures. It has demonstrated, and the team has reviewed, the institution's policies and practices for ensuring compliance with these regulations.*

▪ ***Student Right to Know.*** *The institution has provided the Commission with information about its disclosures. It has demonstrated, and the team has reviewed, the institution's policies and practices for ensuring compliance with these regulations. The disclosures are accurate and provide appropriate information to students. (Note that the team should also be commenting under Criterion One if the team determines that disclosures are not accurate or appropriate.)*

▪ ***Satisfactory Academic Progress and Attendance.*** *The institution has provided the Commission with information about policies and practices for ensuring compliance with these regulations. The institution has demonstrated that the policies and practices meet state or federal requirements and that the institution is appropriately applying these policies and practices to students. In most cases, teams should verify that these policies exist and are available to students, typically in the course catalog or student handbook. Note that the Commission does not necessarily require that the institution take attendance but does anticipate that institutional attendance policies will provide information to students about attendance at the institution.*

▪ ***Contractual Relationships.*** *The institution has presented a list of its contractual relationships related to its academic program and evidence of its compliance with Commission policies requiring notification or approval for contractual relationships (If the team learns that the institution has a contractual relationship that may require Commission approval and has not received Commission approval the team must require that the institution complete and file the change request form as soon as possible. The team should direct the institution to review the Contractual Change Application on the Commission's web site for more information.)*

▪ ***Consortial Relationships.*** *The institution has presented a list of its consortial relationships related to its academic program and evidence of its compliance with Commission policies requiring notification or approval for consortial relationships. (If the team learns that the institution has a consortial relationship that may require Commission approval and has not received Commission approval the team must require that the institution complete and file the form as soon as possible. The team should direct the institution to review the Consortial Change Application on the Commission's web site for more information.)*

1. Review all of the information that the institution discloses having to do with its Title IV program responsibilities.

2. Determine whether the Department has raised any issues related to the institution's compliance or whether the institution's auditor in the A-133 has raised any issues about the

institution's compliance as well as look to see how carefully and effectively the institution handles its Title IV responsibilities.

3. If an institution has been cited or is not handling these responsibilities effectively, indicate that finding within the federal compliance portion of the team report and whether the institution appears to be moving forward with corrective action that the Department has determined to be appropriate.

4. If issues have been raised with the institution's compliance, decide whether these issues relate to the institution's ability to satisfy the Criteria for Accreditation, particularly with regard to whether its disclosures to students are candid and complete and demonstrate appropriate integrity (*Core Component 2.A and 2.B*).

5. Check the appropriate response that reflects the team's conclusions:

   (X) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.

   ( ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.

   ( ) The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.

   ( ) The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments:

The entire Minnesota System is covered under one Department of Education Title IV authorization and was placed on provisional program status for not completing an audit in a timely fashion due to the implementation of a new financial system. This involved no direct violation by Lake Superior College, but included all 37 colleges in the system. The System is on track to regain full status when the provisional program authorization expires in Dec. 2015.

All financial aid guidelines and student expectations are clearly published and default rates are within acceptable range; in fact, they have shown a decline during a period when other institutions' default rates are increasing.

All public disclosure documents were reviewed and accounted for.

The contractual relationship for the helicopter program is the only contractual relationship for academic programs and is appropriately constructed and supports the college's pilot program. There are no consortium agreements in place.

Additional monitoring, if any: None

Required Information for Students and the Public

1. Verify that the institution publishes fair, accurate, and complete information on the following topics: the calendar, grading, admissions, academic program requirements, tuition and fees, and refund policies.

2. Check the appropriate response that reflects the team's conclusions:

    (X) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.

    (   ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.

    (   ) The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.

    (   ) The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

    Comments:

    Lake Superior College provides appropriate information and disclosures to students and the public on admissions processes, academic programs, the academic calendar and course grading. Tuition and fee information is clearly articulated and different fee schedules for higher cost programs are readily available to students and the public.

    Additional monitoring, if any: None

Advertising and Recruitment Materials and Other Public Information

The institution has documented that it provides accurate, timely and appropriately detailed information to current and prospective students and the public about its accreditation status with the Commission and other agencies as well as about its programs, locations and policies.

1. Review the institution's disclosure about its accreditation status with the Commission to determine whether the information it provides is accurate and complete, appropriately formatted and contains the Commission's web address.

2. Review institutional disclosures about its relationship with other accrediting agencies for accuracy and for appropriate consumer information, particularly regarding the link between specialized/professional accreditation and the licensure necessary for employment in many professional or specialized areas.

3. Review the institution's catalog, brochures, recruiting materials, and information provided by the institution's advisors or counselors to determine whether the institution provides accurate information to current and prospective students about its accreditation, placement or licensure, program requirements, etc.

4. Check the appropriate response that reflects the team's conclusions:

(X) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.

( ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.

( ) The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.

( ) The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments:

The team reviewed marketing material including ads (print and broadcast), the primary marketing piece (Viewbook), program information, class schedules, catalog, and web content. The material is appropriate and consistent and readily available for students and the public.

Additional monitoring, if any: None

Review of Student Outcome Data

1. Review the student outcome data the institution collects to determine whether it is appropriate and sufficient based on the kinds of academic programs it offers and the students it serves.

2. Determine whether the institution uses this information effectively to make decisions about academic programs and requirements and to determine its effectiveness in achieving its educational objectives.

3. Check the appropriate response that reflects the team's conclusions:

(X) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.

( ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.

( ) The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.

(   ) The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments:

The institution's system for data collection and analysis is not as robust as it could be and varies greatly from department to department, but a systematic planning process that includes a strong SEM component is underway. Some program areas are doing a good job of reviewing student outcomes and portfolios for their graduates. The office of institutional research has created a number of reports to look at student outcomes and is working to assure consistency of reporting and data integrity.

Data currently collected and reviewed included placement data, graduation numbers, licensure pass rates, success in gateway courses and student inventories. This information is utilized in a variety of ways to assess students and improve the educational experience.

This is an area that should remain a priority for Lake Superior College as they move forward. Systematic outcomes gathering, analysis and data informed decision-making will help facilitate the institution's quality journey.

Additional monitoring, if any: None

Standing with State and Other Accrediting Agencies

The institution has documented that it discloses accurately to the public and the Commission its relationship with any other specialized, professional or institutional accreditor and with all governing or coordinating bodies in states in which the institution may have a presence.

Important note: If the team is recommending initial or continued status, and the institution is now or has been in the past five years under sanction or show-cause with, or has received an adverse action (i.e., withdrawal, suspension, denial, or termination) from, any other federally recognized specialized or institutional accreditor or a state entity, then the team must explain the sanction or adverse action of the other agency in the body of the Assurance Section of the Team Report and provide its rationale for recommending Commission status in light of this action. In addition, the team must contact the staff liaison immediately if it learns that the institution is at risk of losing its degree authorization or lacks such authorization in any state in which the institution meets state presence requirements.

1. Review the information, particularly any information that indicates the institution is under sanction or show-cause or has had its status with any agency suspended, revoked, or terminated, as well as the reasons for such actions.

2. Determine whether this information provides any indication about the institution's capacity to meet the Commission's Criteria for Accreditation. Should the team learn that the

institution is at risk of losing, or has lost, its degree or program authorization in any state in which it meets state presence requirements, it should contact the Commission staff liaison immediately.

3. Check the appropriate response that reflects the team's conclusions:

    (X)The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.

    (   ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.

    (   ) The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.

    (   ) The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

    Comments:

    Lake Superior College has a number of specialized accreditations and recognitions and provided the team with information on each one. They are good standing with all of them.

    Additional monitoring, if any: None

Public Notification of Opportunity to Comment

*The institution has made an appropriate and timely effort to solicit third party comments. The team has evaluated any comments received and completed any necessary follow-up on issues raised in these comments. **Note that if the team has determined that any issues raised by third-party comment relate to the team's review of the institution's compliance with the Criteria for Accreditation, it must discuss this information and its analysis in the body of the Assurance Section of the Team Report.***

1. Review information about the public disclosure of the upcoming visit, including sample announcements, to determine whether the institution made an appropriate and timely effort to notify the public and seek comments.

2. Evaluate the comments to determine whether the team needs to follow-up on any issues through its interviews and review of documentation during the visit process.

3. Check the appropriate response that reflects the team's conclusions:

    (X)The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.

    (   ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.

(   )   The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.

(   )   The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments:

Required notifications were given regarding the opportunity to comment. Every effort was made to inform all stakeholders about the opportunity to make comments. None were received.

Additional monitoring, if any: None

Institutional Materials Related to Federal Compliance Reviewed by the Team

1. Federal Compliance Report and supporting documents
2. Credit Hour Policy
3. College Catalog
4. Course Credit Hour Worksheet
5. Tuition and Fee Structures
6. 3 semester class schedules
7. Student Complaint process and documentation
8. Sample of Course Syllabi
9. Policies directly related to compliance issues
10. Marketing materials
11. Disclosures and notifications
12. Title IV Program agreement
13. Loan Default Rates
14. Course Contact Hours
15. Distance Learning Policies
16. Information on student outcomes
17. Public notice statements

Appendix

Team Worksheet for Evaluating an Institution's Program Length and Tuition, Assignment of Credit Hours and on Clock Hours

Part 1: Program Length and Tuition

Instructions

The institution has documented that it has credit hour assignments and degree program lengths within the range of good practice in higher education and that tuition is consistent across degree programs (or that there is a rational basis for any program-specific tuition).

Review the *"Worksheet for Use by Institutions on the Assignment of Credit Hours and on Clock Hours"* as well as the course catalog and other attachments required for the institutional worksheet.

Worksheet on Program Length and Tuition

A. Answer the Following Questions

Are the institution's degree program requirements within the range of good practice in higher education and contribute to an academic environment in which students receive a rigorous and thorough education?

| X | Yes | | No |

Comments:

Most programs are within the 60-65 credit hour range. Exceptions are some programs in the technical areas such as aviation and nursing. The larger number of credit hours found in some programs is justified based upon industry needs or accreditation requirements.

Are the institution's tuition costs across programs within the range of good practice in higher education and contribute to an academic environment in which students receive a rigorous and thorough education?

| X | Yes | | No |

Comments:

B. Recommend Commission Follow-up, If Appropriate

Is any Commission follow-up required related to the institution's program length and tuition practices?

[ ] Yes   [X] No

Rationale:

Identify the type of Commission monitoring required and the due date:

Part 2: Assignment of Credit Hours

Instructions

In assessing the appropriateness of the credit allocations provided by the institution the team should complete the following steps:

1. Review the Worksheet completed by the institution, which provides information about an institution's academic calendar and an overview of credit hour assignments across institutional offerings and delivery formats, and the institution's policy and procedures for awarding credit hours. Note that such policies may be at the institution or department level and may be differentiated by such distinctions as undergraduate or graduate, by delivery format, etc.

2. Identify the institution's principal degree levels and the number of credit hours for degrees at each level. The following minimum number of credit hours should apply at a semester institution:

   - Associate's degrees = 60 hours
   - Bachelor's degrees = 120 hours
   - Master's or other degrees beyond the Bachelor's = at least 30 hours beyond the Bachelor's degree
   - Note that one quarter hour = .67 semester hour
   - Any exceptions to this requirement must be explained and justified.

3. Scan the course descriptions in the catalog and the number of credit hours assigned for courses in different departments at the institution.

- At semester-based institutions courses will be typically be from two to four credit hours (or approximately five quarter hours) and extend approximately 14-16 weeks (or approximately 10 weeks for a quarter). The description in the catalog should indicate a course that is appropriately rigorous and has collegiate expectations for objectives and workload. Identify courses/disciplines that seem to depart markedly from these expectations.

- Institutions may have courses that are in compressed format, self-paced, or otherwise alternatively structured. Credit assignments should be reasonable. (For example, as a full-time load for a traditional semester is typically 15 credits, it might be expected that the norm for a full-time load in a five-week term is 5 credits; therefore, a single five-week course awarding 10 credits would be subject to inquiry and justification.)

- Teams should be sure to scan across disciplines, delivery mode, and types of academic activities.

- Federal regulations allow for an institution to have two credit-hour awards: one award for Title IV purposes and following the above federal definition and one for the purpose of defining progression in and completion of an academic program at that institution. Commission procedure also permits this approach.

4. Scan course schedules to determine how frequently courses meet each week and what other scheduled activities are required for each course. Pay particular attention to alternatively-structured or other courses with particularly high credit hours for a course completed in a short period of time or with less frequently scheduled interaction between student and instructor.

5. **Sampling.** Teams will need to sample some number of degree programs based on the headcount at the institution and the range of programs it offers.

- At a minimum, teams should anticipate sampling at least a few programs at each degree level.

- For institutions with several different academic calendars or terms or with a wide range of academic programs, the team should expand the sample size appropriately to ensure that it is paying careful attention to alternative format and compressed and accelerated courses.

- Where the institution offers the same course in more than one format, the team is advised to sample across the various formats to test for consistency.

- For the programs the team sampled, the team should review syllabi and intended learning outcomes for several of the courses in the program, identify the contact hours for each course, and expectations for homework or work outside of instructional time.

- The team should pay particular attention to alternatively-structured and other courses that have high credit hours and less frequently scheduled interaction between the students and the instructor.

- Provide information on the samples in the appropriate space on the worksheet.

6. Consider the following questions:

   - Does the institution's policy for awarding credit address all the delivery formats employed by the institution?

   - Does that policy address the amount of instructional or contact time assigned and homework typically expected of a student with regard to credit hours earned?

   - For institutions with courses in alternative formats or with less instructional and homework time than would be typically expected, does that policy also equate credit hours with intended learning outcomes and student achievement that could be reasonably achieved by a student in the timeframe allotted for the course?

   - Is the policy reasonable within the federal definition as well as within the range of good practice in higher education? (Note that the Commission will expect that credit hour policies at public institutions that meet state regulatory requirements or are dictated by the state will likely meet federal definitions as well.)

   - If so, is the institution's assignment of credit to courses reflective of its policy on the award of credit?

7. If the answers to the above questions lead the team to conclude that there may be a problem with the credit hours awarded the team should recommend the following:

   - If the problem involves a poor or insufficiently-detailed institutional policy, the team should call for a revised policy as soon as possible by requiring a monitoring report within no more than one year that demonstrates the institution has a revised policy and evidence of implementation.

   - If the team identifies an application problem and that problem is isolated to a few courses or single department or division or learning format, the team should call for follow-up activities (monitoring report or focused evaluation) to ensure that the problems are corrected within no more than one year.

   - If the team identifies systematic non-compliance across the institution with regard to the award of credit, the team should notify Commission staff immediately and work with staff to design appropriate follow-up activities. The Commission shall understand systematic noncompliance to mean that the institution lacks any policies to determine the award of academic credit or that there is an inappropriate award of institutional credit not in conformity with the policies established by the institution or with commonly accepted practices in higher education across multiple programs or divisions or affecting significant numbers of students.

Worksheet on Assignment of Credit Hours

_____

A. **Identify the Sample Courses and Programs Reviewed by the Team** (see #5 of instructions in completing this section)

Courses Reviewed:

ART 1122 History II: Renaissance – Present
BIOL 1140 Anatomy & Physiology I
MATH 0460 Algebra I
SPAN 1010 Beginning Spanish I
MTP 1054 Massage Therapy
DENH 2428 Dental Hygiene Practice III
ADN 1420 Interventions I
ADSC 1430 Microsoft Office
WLDG 1562 Gas Metal Arc Welding II

Programs Reviewed:

Associate of Arts Degree
Associate Degree in Nursing
AS, Business Management and Administration
AAS, Medical Laboratory Technology
AAS, Radiologic Technology
AFA, Audio Visual Technician
AAS, Aviation Management

B. **Answer the Following Questions**

1) **Institutional Policies on Credit Hours**

Does the institution's policy for awarding credit address all the delivery formats employed by the institution? (Note that for this question and the questions that follow an institution may have a single comprehensive policy or multiple policies.)

| X | Yes | | No |

Comments:

Does that policy relate the amount of instructional or contact time provided and homework typically expected of a student to the credit hours awarded for the classes offered in the delivery formats offered by the institution? (Note that an institution's policy must go beyond simply stating that it awards credit solely based on assessment of student learning and should also reference instructional time.)

| X | Yes | | No |

Comments:

For institutions with non-traditional courses in alternative formats or with less instructional and homework time than would be typically expected, does that policy equate credit hours with intended learning outcomes and student achievement that could be reasonably achieved by a student in the timeframe and utilizing the activities allotted for the course?

| X | Yes | | No |

Comments:

Is the policy reasonable within the federal definition as well as within the range of good practice in higher education? (Note that the Commission will expect that credit hour policies at public institutions that meet state regulatory requirements or are dictated by the state will likely meet federal definitions as well.)

| X | Yes | | No |

Comments:

2) Application of Policies

Are the course descriptions and syllabi in the sample academic programs reviewed by the team appropriate and reflective of the institution's policy on the award of credit? (Note that the Commission will expect that credit hour policies at public institutions that meet state regulatory requirements or are dictated by the state will likely meet federal definitions as well.)

| X | Yes | | No |

Comments:

It is clear that there is a recommended format for course syllabi, but not all classes appear to be following it. It would be sound practice to assure that all include the same elements.

Are the learning outcomes in the sample reviewed by the team appropriate to the courses and programs reviewed and in keeping with the institution's policy on the award of credit?

| X | Yes | | No |

Comments:

If the institution offers any alternative delivery or compressed format courses or programs, were the course descriptions and syllabi for those courses appropriate and reflective of the institution's policy on the award of academic credit?

| X | Yes | | No |

Comments:

If the institution offers alternative delivery or compressed format courses or programs, are the learning outcomes reviewed by the team appropriate to the courses and programs reviewed and in keeping with the institution's policy on the award of credit? Are the learning outcomes reasonably capable of being fulfilled by students in the time allocated to justify the allocation of credit?

| X | Yes | | No |

Comments:

Is the institution's actual assignment of credit to courses and programs across the institution reflective of its policy on the award of credit and reasonable and appropriate within commonly accepted practice in higher education?

| X | Yes | | No |

Comments:

The team requested and was provided documentation for the few courses that seemed to have credit hours that were outside the expected range of practice (about 10 courses). Each course's credit hour allocation could be explained as it related to the educational needs of the program.

C. Recommend Commission Follow-up, If Appropriate

Review the responses provided in this section. If the team has responded "no" to any of the questions above, the team will need to assign Commission follow-up to assure that the institution comes into compliance with expectations regarding the assignment of credit hours.

Is any Commission follow-up required related to the institution's credit hour policies and practices?

☐ Yes   ☒ X No

Rationale:

Identify the type of Commission monitoring required and the due date: None

D. Identify and Explain Any Findings of Systematic Non-Compliance in One or More Educational Programs with Commission Policies Regarding the Credit Hour

The team had no findings of systematic non-compliance.