



## Texas Higher Education Coordinating Board (THECB)

### ANNUAL COMPLIANCE REVIEW REPORT FOR INSTITUTIONS OPERATING UNDER A CERTIFICATE OF AUTHORIZATION

#### Authority, Penalties & Due Dates:

##### **Authority:**

Pursuant to Texas Higher Education Coordinating Board Rule 7.7, an institution operating under a Certificate of Authorization is subject to annual review for continued compliance with its Board-recognized accreditor's standards of operation, student complaint processes, financial viability, and accurate and fair representation in publications, advertising, and promotion.

THECB issues a Certificate of Authorization to an institution so that the institution may offer degrees or courses leading to degrees in Texas. When reporting programs or courses offered in Texas, the institution may limit its reporting to degree programs and courses leading to degrees. Certificate and diploma programs do not need to be reported as they are not included in the institution's program inventory on the THECB website.

##### **Separate from student data reporting requirements:**

The annual compliance review reporting is separate from student data reporting which is required annually by December 1 of each year.

- Student data reporting (CBM001 enrollment and CBM009 graduation) covers the status of an institution's students. Institutions may also be contacted on an individual basis regarding additional financial and faculty information for the institution's online institutional resume.
- Annual compliance review reporting covers compliance with institutional accreditor and THECB standards of operation. **The annual compliance report timeframe is for activities within 12 months prior to the report deadline: January 16 of previous year-January 15 of current year for A-O institutions; July 16 of previous year-July 15 of current year for P-Z institutions. Clinical listings (Out of State Institutions only) is an exception. Timeframe instructions for clinical listings is found in Section III of the Annual Compliance Report (ACR).**

##### **Penalties:**

An institution that fails to comply with the annual compliance review reporting requirements is subject to revocation of its Certificate of Authorization. Board staff may also recommend revocation based on deficiencies in compliance with an institution's Board-recognized accreditor's standards, found in annual review documentation and not corrected by the institution upon request by Board staff. Prior to making a recommendation to the Board, staff has discretion to conduct a site visit at the institution if warranted by facts disclosed in the annual compliance review documentation. The Board-recognized accreditor will be notified and invited to participate.

##### **Due dates:**

Annual reviews are conducted based on an institution's name and initial date of authorization.

- Institutions with names starting with "A" through "O" must submit annual review documentation by January 15 of each year. The Board will review staff recommendations at the annual July Board meeting.
- Institutions with names starting with "P" through "Z" must submit annual review documentation by July 15 of each year. The Board will review staff recommendations at the annual January Board meeting.

Institutions that have received their first Certificate of Authorization less than six months from the due date for submission of the annual review documentation may wait to submit documentation until the following annual review submission date. If an institution receives a memo instructing it to submit an annual compliance review report and the institution believes it may wait to report until the following annual review submission date, please contact the THECB staff listed at the end of these instructions.

## Annual Compliance Review Report Submission Instructions & Format:

### **Report requirements based on type and location of institution:**

Report documentation may vary based on type and location of the institution. Each section includes one or more check boxes which must be chosen to determine proper documentation supporting the section.

- **For Texas-based campuses or locations:** Each institution location under a Certificate of Authorization must submit annual compliance reporting documentation. For purposes of annual compliance, “institution” refers to each individual campus or location.
  - An educational system may have multiple campuses or locations authorized within Texas. Each campus or location must provide separate annual compliance review documentation unique to that campus or location, such as address or contact information. However, separate campuses or locations may be combined in one report if common documentation, such as student catalogs or administrative policies, is available.
- **For out-of-state institutions authorized solely to provide Texas clinicals or internships:** An out-of-state institution offering Texas clinicals or internships must submit one set of compliance reporting documentation.
  - The out-of-state institution does not need to submit separate documentation for each clinical or internship location.
  - If the out-of-state institution is an Authorized Institution under a State Authorization Reciprocity Agreement (SARA) and is operating in Texas under the conditions established in the NC-SARA *State Authorization Reciprocity Agreement Policies and Standards*, the institution may indicate its status on the ACR cover page, sign the Certification & Attestations page, and provide documentation of SARA authorization.

### **Attestations:**

An institution representative is required to certify, attest or affirm statements of fact on behalf of the institution. THECB considers such certifications, attestations, or other affirmations of fact as evidence that the institution representative has been given the power to bind the institution with such certifications, attestations, or other affirmations of fact.

### **Format:**

This report includes both fillable fields and requests for attachments. In completing this report, the institution should:

1. Complete all fillable fields in the report, including check boxes to determine proper documentation;
2. Print the report if adding attachments;
3. Prepare and organize any attachments as appendices or referenced as separate files, if necessary;
4. Scan and/or save the report as a PDF document-if possible, include institution name in file name;
5. Upload the PDF document to the THECB **Certificate of Authorization Institutions Portal** as directed in the annual compliance memo sent to the institution.

The completed report will include:

- I. Cover Page
- II. Accreditation Status
- III. Current Degree Programs/Clinicals/Internships Instructions
- IV. Student Catalog/Handbook Copy or Links and Annotations
- V. Summary of Student Complaints for Campus/Location
- VI. Texas Student Complaint Policy/Links
- VII. Supporting Financial Documents
- VIII. Certification/Attestation
- IX. Appendices & File Table

**FAILURE TO COMPLETE ANY SECTION OF THE REPORT WILL RESULT IN A FINDING OF NON-COMPLIANCE**

### **Questions:**

Please contact:

- **For report components or timing of review/approval questions:** Paul Shuler, Program Director, at 512.427.6223 or [paul.shuler@thecb.state.tx.us](mailto:paul.shuler@thecb.state.tx.us)
- **For portal access or questions:** Cristine Ayala, Program Specialist, at 512.427.6524 or [cristine.ayala@thecb.state.tx.us](mailto:cristine.ayala@thecb.state.tx.us)
- **For all other questions:** Cathie A. Maeyaert, Special Projects Director, at 512.427.6527 or [cathie.maeyaert@thecb.state.tx.us](mailto:cathie.maeyaert@thecb.state.tx.us)

**I. COVER PAGE**

**Texas Higher Education Coordinating Board (THECB)**

**ANNUAL COMPLIANCE REVIEW REPORT FOR  
INSTITUTIONS OPERATING UNDER A CERTIFICATE OF AUTHORIZATION**

**WHO MUST COMPLETE THE COVER PAGE:**

- **Every campus or location** under a Certificate of Authorization must complete a separate cover page.
- If an **institutional system** is completing a combined report for multiple locations, a cover page must be included for each location and clearly indicate the location name or designation.
  - All cover pages should be included at the beginning of the report. For subsequent report areas, the institutional system will be able to indicate if the documentation applies system-wide or to a particular campus or location.

**Date of Report:**

**Due Date:**

January 15 for A-O Institution

July 15 for P-Z Institution

**Location of Institution:**

Texas-based campus or location

Out-of-state institution:  
TX clinicals/internships only

Out-of-state institution authorized to operate under a State Authorization Reciprocity Agreement (SARA)

Documentation from NC-SARA is attached providing evidence of status as an Authorized Institution operating under SARA.

**[Out-of-state SARA institutions complete sections I (Cover Page) and VIII (Certification & Attestations) only]**

**Institution Information:**

**Change within last 12 months?**

Name of Campus or Location Designation [also referred to as "Institution" for purposes of this review]

Yes

No

Branch Campus  
If Branch, notate Main Campus location:

Physical Address of Institution:

Yes

No

Single Point of Contact (for all THECB correspondence)

Name:

Title:

Address:

Email:

Telephone:

Yes

No

## II. ACCREDITATION STATUS

### TYPE OF INSTITUTION AND DOCUMENTATION REQUIRED:

- **Every campus or location** under a Certificate of Authorization must provide documentation that it is currently authorized by its THECB-approved accreditor to offer degree programs.
  - If multiple locations are included in the accreditor’s documentation, it must be clear that the specific campus or location is authorized by the accreditor.
- If an **institutional system** is completing a combined report for multiple locations, one accreditation document will be sufficient if it lists all campuses or locations authorized in Texas under Certificates of Authorization.
  - If a specific campus or location needs to include additional documentation, ensure the campus or location is identified.
- A link to online documentation is preferred.
  - If online documentation is not available, institution may attach either an approval letter from the accreditor, a statement of affiliation, or a listing of approved locations from the accreditor.
- **Texas-based campus or location:** Provide accreditation information showing authorization of Texas campus or location. Provide documentation showing status with Texas Workforce Commission.
- **Out-of-state institution authorized solely to provide Texas clinicals or internships:** Provide accreditation information showing authorization of out-of-state institution attended by students completing clinicals or internships within Texas.

### Accrediting Agency Information:

Institution’s THECB-recognized accreditor (place X in box next to accreditor name):

<input type="checkbox"/>	Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)
<input type="checkbox"/>	Accrediting Bureau of Health Education Schools (ABHES)
<input type="checkbox"/>	Accrediting Commission of Career Schools and Colleges (ACCSC)
<input type="checkbox"/>	Accrediting Council for Continuing Education & Training (ACCET)
<input type="checkbox"/>	Accrediting Council for Independent Colleges and Schools (ACICS)
<input type="checkbox"/>	American Board of Funeral Service Education (ABFSE)
<input type="checkbox"/>	Association of Advanced Rabbinical and Talmudic Schools Accreditation Commission (AARTS)
<input type="checkbox"/>	Association of Biblical Higher Education (ABHE)
<input type="checkbox"/>	Commission on Accrediting of the Association of Theological Schools (ATS)

<input type="checkbox"/>	Council on Occupational Education (COE)
<input type="checkbox"/>	Distance Education Accrediting Commission (DEAC)
<input type="checkbox"/>	Higher Learning Commission (HLC)
<input type="checkbox"/>	Middle States Association of Colleges and Schools (MSACS)
<input type="checkbox"/>	National Association of Schools of Theatre (NAST)
<input type="checkbox"/>	New England Association of School and Colleges (NEASC)
<input type="checkbox"/>	Northwest Commission on Colleges and Universities (NWCCU)
<input type="checkbox"/>	Southern Association of Colleges and Schools Commission on Colleges (SACS)
<input type="checkbox"/>	Transnational Association of Christian Colleges and Schools (TRACS)
<input type="checkbox"/>	Western Association of Schools and Colleges (WASC)

Date current grant of accreditation will end:

Documentation of institution’s current grant of accreditation:

Documentation of institution’s approval by its THECB-recognized accreditor may be found on the accreditor’s website. The link to the documentation is:

**OR**

<input type="checkbox"/> Documentation of institution's approval by its THECB-recognized accreditor is found in attached appendix OR file (name)	[If a separate document is attached and multiple institutions are listed, either highlight the entry showing the campus location's approval or provide only the first page and the page listing the specific institution.]	
<hr/>		
Other accreditor, federal, or state regulator actions, requirements or approvals <b>in the last 12 months:</b>	<i>Note: "Yes" to any of the following requires documentation explaining actions taken by the regulator and institution.</i>	
Institution on U.S. Department of Education Heightened Cash Monitoring (HCM) or other reporting status?	<input type="checkbox"/> Yes, if checked:  <input type="checkbox"/> No	<input type="checkbox"/> HCM1  <input type="checkbox"/> HCM2  Other, explain: _____ _____
Has the institution's THECB-recognized accreditor made public any pending or final actions which have negatively changed the institution's accreditation status <u>or</u> require additional reporting?	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Attached Appendix OR file name _____  <input type="checkbox"/> Not applicable
Has the institution's THECB-recognized accreditor approved any changes in location, ownership or management of the institution?	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Attached Appendix OR file name _____  <input type="checkbox"/> Not applicable
Has a programmatic accreditor made public any pending or final actions which have negatively changed the institution's status with its THECB-recognized accreditor?	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Attached Appendix OR file name _____  <input type="checkbox"/> Not applicable
<u>Texas-based campus or location:</u> Is the campus or location operating under a Certificate of Approval from the Texas Workforce Commission (TWC)?	<input type="checkbox"/> Yes  <input type="checkbox"/> No-Exempt from TWC	Attached Appendix OR file name _____  [must include one of the below documents]: <input type="checkbox"/> Current TWC Certificate of Approval <input type="checkbox"/> TWC Letter of Exemption
Out of State campus or location (has clinicals or internships only): Documentation of TWC exclusion is –	<input type="checkbox"/> on file at THECB, or	Attached as an appendix or file. File name: _____

### III. FINANCIAL STATEMENTS

#### TYPE OF INSTITUTION AND DOCUMENTATION REQUIRED:

- If an **institutional system** is completing a combined report for multiple locations, a cover page must be included indicating if the financial documents apply system-wide or if individual financial documents are included for each campus or location.
  - If the institution's annual audited financial statements are included within a larger organization's annual audited financial statements, attach the independent auditor's opinion for the larger organization, and include only those parts of the annual audited financial statements that relate to the institution or support the auditor's opinion about the institution.
- If an independent audit report is submitted, the report must have been issued less than one year from date of this submission.
  - The independent audit report must be prepared in accordance with Generally Accepted Accounting Principles by an independent/certified public accountant.
- **Public institutions located outside of Texas:** Attach documentation that the institution is publically funded by the state in which the institution is located. Documentation may include copies of statutes, legislation or other information indicating sources of state funding.
- **Private institutions – located either outside of Texas or within Texas:** Financial documentation requirements depend on the institution's Financial Responsibility Composite Score (FRCS) based on the US Department of Education (US DOE) formula.
  - For all private institutions, include all available documentation as listed below:
    - Provide the institution's latest calculation of its US Department of Education Financial Responsibility Composite Score (FRCS); if the FRCS is reported within financial statements, highlight the score in the document.
    - For institutions with a composite score equal to or greater than 1.5 on the latest FRCS calculation: No further documentation is required.
    - For institutions with a composite score less than 1.5 on the latest FRCS calculation: Attach the following:
      - The institution's latest annual audited financial statements, including the independent auditor's opinion or recommendations.
      - Any current Corrective Action Plans prepared on behalf of the institution and submitted to the US Department of Education (US ED) explaining steps it will take to remedy any US ED-determined violations of applicable laws, regulations, special arrangements, agreements, or limitations based on present or prior financial aid audit or program review findings.

Financial Information:	
<input type="checkbox"/> Institution is publically funded in the state in which it is located. If so, attach documentation of public funding or provide internet link to the documentation:	Appendix, File Name, or Link:
<b>OR</b>	
<input type="checkbox"/> Institution is a private for-profit institution.	<input type="checkbox"/> Institution is a private non-profit institution.
<p style="text-align: center;"><b>If Private Institution, FRCS is:</b> (FRCS range is from -1.00 to +3.00; Attach corrective action plan if score is below +1.5) <b>Also note the reporting year:</b></p>	FRCS:  Reporting Year:
<p>The following supporting financial documentation for the private institution is attached [Check all documentation available or applicable]:</p> <p>Note: at least one supporting documentation item has to be marked and attached as an appendix or file. Institutions under corrective action or Heightened Cash Monitoring must attach all documents relating to corrective action or heightened cash monitoring status.</p>	<input type="checkbox"/> FRCS Calculation [Highlight if part of larger document]. Appendix or file name: _____  <input type="checkbox"/> <u>Most recent</u> independent audited financial statements and auditor's report. Appendix or file name: _____  <input type="checkbox"/> Corrective action plan. Appendix or file name: _____  <input type="checkbox"/> US Dept. of Education Heightened Cash Monitoring/Letter of Credit requirement correspondence. Appendix or file name: _____  <input type="checkbox"/> Copy of any current required letters of credit. Appendix or file name: _____  <input type="checkbox"/> Copy of other required surety instruments. Appendix or file name: _____

#### IV. CURRENT DEGREE PROGRAMS/CLINICALS/INTERNSHIPS

##### TYPE OF INSTITUTION AND DOCUMENTATION REQUIRED:

- If an **institutional system** is completing a combined report for multiple locations, a separate list of degree programs, clinicals/internships must be included for each campus location and clearly indicate the location name or designation if information is not identical for all locations.
- **Texas-based campus or location:**
  - Follow the Program Inventory Steps on the next page.
  - Texas-based campuses or locations do **not** need to complete the clinical/internship Excel spreadsheet.
  - If the institution does not currently offer degree programs, institution should indicate non-degree status and the Certificate of Authorization will be cancelled immediately.
- **Out-of-state institution authorized solely to provide Texas clinicals or internships:**
  - Follow the Program Inventory Steps on the next page.
    - Ensure only degree programs which have a clinical/internship component are listed.
  - Complete the clinical/internship Excel spreadsheet showing all current or scheduled to start within the next 12-month authorization period clinical/internship locations and related information.
    - For example, if an institution is reporting in January, list all clinicals or internships which are currently being completed or are scheduled to start between January 16 of the current year and January 15 of the following year; if an institution is reporting in July, list all clinicals or internships which are currently being completed or are scheduled to start between July 16 of the current year and July 15 of the following year.
    - If the institution has no current or scheduled clinical/internship locations, the Certificate of Authorization will automatically expire at the end of its current one year authorization period if the institution does not report additional clinicals/internships before the expiration date.
    - Institutions may also indicate their Certificate of Authorization should be cancelled immediately.
- All types of experiential learning should be reported. THECB Rule 7.3 definitions apply:
  - Experiential Learning--Process through which students develop knowledge, skills, and values from direct experiences outside an institution's classrooms. Experiential learning encompasses a variety of activities including, but not limited to, internships, externships, practicums, clinicals, field experience, or other professional work experiences.
  - Clinical Internship--This learning method, also known as "clinicals," encompasses all site-specific health professions experiential learning. Clinicals include site experiences for medical, nursing, allied health, and other health professions degree programs.
  - Internship--This learning method encompasses all non-clinical site experiential learning.



### PROGRAM Inventory Steps for Annual Compliance Report

For entities reporting more than one campus, perform the following steps for each campus.

1. Go to the following THECB website: <http://www.thecb.state.tx.us/apps/programinventory/InvSearch.cfm>
2. Depending on the type of institution, choose either "For Profit Colleges & Universities Authorized by Certificate" OR "Other Institutions Authorized by Certificate" under "Institution Type."
3. Choose your institution name from the drop down box labeled "Institution."
  - a. If you do NOT see your institution name in the drop down box:
    - i. Look for other variations of name. For example, The Art Institute might be listed as Art Institute;
    - ii. Try a different "Institution Type" category;
    - iii. If your institution name is not found after trying the above alternatives, please contact THECB staff as listed in the instructions.
4. Choose "Excel" Format option. The "PDF" option will not allow you to make any necessary updates to the program list.
5. Leave the "Order by CIP code" checked.
6. Click "Produce Inventory icon."
7. You will likely need to click "Open" or "Download" if a dialog box appears.
8. It is common for a popup box from antivirus software to ask if you are sure you wish to open the file "from an unknown source." You will need to click "yes" to open the spreadsheet.

The result will be a spread sheet with your institution's program(s) information. To include this report and any necessary revisions, please follow these steps:

1. Review the spreadsheet report for accuracy. Is each:
  - a. CIP code correct? (Helpful link: <http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55> )
  - b. Program name correct?
  - c. Degree level and designation correct?
  - d. Program with a Program End Date correctly entered? (Note: Program Start Date is data entry date into our system; therefore, do not attempt to correct.)
2. In the cell next to Degree Levels "Professional" - type the word "Correct?" In this new column you will notify us if the program information is correct or not.
  - a. If the program row's information is correct, type "yes" under the "Correct?" heading.
  - b. If the program row's information is incorrect type "no" under the "Correct?" heading and include what needs to be changed. You may need to modify the size of the cell by expanding its width or wrapping the text within the cell.
  - c. DO NOT delete the incorrect row information - just add the correct information after typing "no."
  - d. If a change is required, provide supporting documentation of the revision as an appendix or separate file attachment to this Annual Compliance Report. Type the appendix or file name(s) here:  
\_\_\_\_\_
3. To add NEW program(s) to the spreadsheet:
  - a. Type "NEW" in the first row below the current program list – directly below the Generated date and time.
  - b. In the row below "NEW" add the new program information, including CIP Code, Name, Start Date, and Program Level and Degree Designation.
  - c. Include THECB-approved accreditor approval or "within scope" letter as attachment to the annual report.
  - d. Repeat steps (b and c) for each new program.
4. Save the spreadsheet and attach it to the Annual Compliance Report either as an appendix or separate file. Denote the name of the appendix or file here: \_\_\_\_\_

Check Here if Institution does not currently offer degree programs at this campus/location. The Certificate of Authorization may be cancelled.

**OUT OF STATE SCHOOLS ONLY  
CURRENT CLINICALS/INTERNSHIPS TABLE**

Complete the attached THECB Clinical/Internship Excel spreadsheet and indicate the reporting period (Note: MUST use THECB-approved spreadsheet).

- January 16 of current year to January 15 of next year
- July 16 of current year to July 15 of next year

IF INSTITUTION IS OUT OF STATE (OOS) AND HAS NO CLINICALS/INTERNSHIPS TO REPORT ON THE CLINICAL/INTERNSHIP SPREADSHEET, CHECK ONE OF THE FOLLOWING BOXES:

The current Certificate of Authorization expires after the date of this annual compliance report, but during the next annual compliance reporting period. The Certificate of Authorization will expire at the end of the current authorization period if the institution does not report additional clinicals/internships before the expiration date. It is understood the institution may reapply for a Certificate of Authorization if new clinicals or internships are scheduled in Texas.

**-or-**

The current Certificate of Authorization expires on or before the date of this annual compliance report. It is understood that the institution may reapply for a Certificate of Authorization if new clinicals or internships are scheduled in Texas.

**In both circumstances, the institution will not continue to be authorized to offer degrees or courses leading to degrees without further application to THECB.**

## V. TEXAS STUDENT COMPLAINT POLICY

### WHO MUST HAVE A TEXAS STUDENT COMPLAINT POLICY:

- **Every campus or location** under a Certificate of Authorization must have a Texas student complaint policy provided to each student at the beginning of each academic year that includes information regarding filing a student complaint with the Texas Higher Education Coordinating Board.
- Per THECB Rules 1.110-112, the following information must be included in the student complaint policy:
  - Contact information for filing student complaints with the Texas Higher Education Coordinating Board including:
    - The web address for the Texas Higher Education Coordinating Board’s Student Complaints page with forms and a description of the complaint procedure: [www.thecb.state.tx.us/studentcomplaints](http://www.thecb.state.tx.us/studentcomplaints).
  - The web address for the rules governing student complaints – Title 19 of the Texas Administrative Code, Sections 1.110-1.120: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=19&pt=1&ch=1&sch=E&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=19&pt=1&ch=1&sch=E&rl=Y)
  - Links to online student complaint procedures and forms, which are:
    - accessible from the institution’s website home page by not more than three links (show bread crumb trail to links);
    - searchable by keywords and phrases;
    - accessible without requiring registration of a user name, password, or other user identification; and
    - Updated as soon as practicable if info changes.
- If institution’s current student complaint policy does not meet the above requirements, institution must indicate steps being taken to comply and expected date of compliance.

### Institution’s Current Student Complaint Policy:

<input type="checkbox"/> Institution’s Texas student complaint policy is located online.  <u>Link to the Texas student complaint policy</u> , along with navigation instructions, if needed:	
<b>OR</b>	
<input type="checkbox"/> Institution’s Texas student complaint policy is attached as appendix or file name: _____	
<input type="checkbox"/> Institution’s student complaint policy includes <b>all information required</b> by THECB Rules 1.110-112 (see requirements above).	
<b>OR</b>	
<input type="checkbox"/> Institution is taking the following steps to comply with THECB rules regarding a Texas student complaint policy:	
Institution estimates it will be in compliance by the following date:	

## VI. SUMMARY OF STUDENT COMPLAINTS FOR CAMPUS OR LOCATION

### TYPE OF INSTITUTION AND DOCUMENTATION REQUIRED:

- **Every campus or location** under a Certificate of Authorization must complete the table listing student complaints in the last 12 months.
  - If no complaints were received, the institution must check the box verifying there are no applicable complaints.
- If an **institutional system** is completing a combined report for multiple locations, a separate table must be completed for each campus or location if the campus location can be determined.
- **Texas-based campus or location:** Include any applicable complaint by a student enrolled at the campus or location.
- **Out-of-state institution authorized solely to provide Texas clinicals or internships:** Include any applicable complaint by a student who was completing a clinical/internship within Texas at the time of the complaint.

### SCOPE OF STUDENT COMPLAINTS TO INCLUDE IN SUMMARY – In accordance with THECB Rules 1.110-112:

- Summarize all known complaints, made by Texas residents or students enrolled at a Texas-based institution or completing a Texas-based clinical/internship, concerning the institution filed within 12 months prior to the annual review reporting date.
- The following complaints are not covered by the Coordinating Board and do not need to be reported:
  - Anonymous complaints
  - Matters within sole purview of the institution, including:
    - Matters solely concerning an individual's grades or examination results
    - Matters related to student life, such as student housing, dining facilities, food service, violations of student code of conduct or student activities and organizations
  - Matters that are or have been in litigation
  - Matters over which the Coordinating Board has no authority, including:
    - Complaints about religious institutions relating solely to religious standards and religious programs of study.
    - Complaints against institutions not authorized by the Coordinating Board to operate in Texas
    - Complaints regarding tribal institutions
    - Complaints regarding criminal matters

**SUMMARY OF STUDENT COMPLAINTS TABLE**

INSTITUTION NAME OR DESIGNATION (indicate if all Texas complaints are combined for an education system):

Institution received no applicable student complaints in the prior 12 months.

**OR**

Type of complainant (current, former or prospective student, other-please describe)	Type of complaint (e.g., fraud, false advertising, discrimination, etc.)	Date filed with institution	Date filed with THECB-recognized accreditor	Date filed with THECB	Date complaint resolved and closed	Pending [Attach explanation of reason complaint not resolved]
1						<input type="checkbox"/> Pending - Explanation attached following summary of complaints
2						<input type="checkbox"/> Pending - Explanation attached following summary of complaints
3						<input type="checkbox"/> Pending - Explanation attached following summary of complaints
4						<input type="checkbox"/> Pending - Explanation attached following summary of complaints
5						<input type="checkbox"/> Pending - Explanation attached following summary of complaints
6						<input type="checkbox"/> Pending - Explanation attached following summary of complaints

If necessary, copy this student complaint form and attach as an appendix OR file.  Check here if additional student complaint forms are attached and state the appendix or file name:

**VII. STUDENT CATALOG/HANDBOOK COPY OR LINKS AND ANNOTATIONS**

**WHO MUST COMPLETE THE STUDENT CATALOG/HANDBOOK DOCUMENTATION:**

- **Every campus or location** under a Certificate of Authorization must complete information regarding a student catalog/handbook.
- A link to online documentation is preferred.
  - If the student catalog and/or handbook is online and not in one continuous document, include directions given to students in order to navigate to and find all necessary information.
  - If online documentation is not available, institution may attach scanned copies of the institution’s student catalog and/or student handbook as an appendix or file.
- If an **institutional system** is completing a combined report for multiple locations, the system may include one set of annotations and catalog/handbook if all locations use the same information.
  - Information unique to a campus location should be provided separately and clearly indicate the location name or designation.

**Institution’s Current Student Catalog and/or Handbook:**

<input type="checkbox"/> Institution’s student catalog is located online.  <b>Link to the student catalog</b> , along with navigation instructions, if needed:	
<input type="checkbox"/> Institution’s student handbook is located online.  <b>Link to the student handbook</b> , along with navigation instructions, if needed:	
<b><u>OR</u></b>	
<input type="checkbox"/> A scanned copy of institution’s student catalog is attached as appendix or file name: _____	<input type="checkbox"/> A scanned copy of institution’s student handbook is attached as appendix or file name: _____

**Catalog or Student Handbook Annotations – Compliance with Principles Addressed in THECB Rule 7.4(20)(B):**

**Each Information Item in Column One should have at least one box marked in column 2, a specific page or link in column 3, and either column 4 or 5 filled in.**

1	2	3	4	5
Information	Publication	Specific Page or Link for the Information Item in Column One	THECB-recognized Accreditor's Corresponding Standard	N/A – Accreditor has no Corresponding Criteria
(i) the institution's mission;	<input type="checkbox"/> Catalog <input type="checkbox"/> Handbook			<input type="checkbox"/>
(ii) a statement of admissions policies;	<input type="checkbox"/> Catalog <input type="checkbox"/> Handbook			<input type="checkbox"/>
(iii) information describing the purpose, length, and objectives of the program or programs offered by the institution;	<input type="checkbox"/> Catalog <input type="checkbox"/> Handbook			<input type="checkbox"/>
(iv) the schedule of tuition, fees, and all other charges and expenses necessary for completion of the course of study;	<input type="checkbox"/> Catalog <input type="checkbox"/> Handbook			<input type="checkbox"/>
(v) cancellation and refund policies;	<input type="checkbox"/> Catalog <input type="checkbox"/> Handbook			<input type="checkbox"/>
(vi) a definition of the unit of credit as it applies at the institution;	<input type="checkbox"/> Catalog <input type="checkbox"/> Handbook			<input type="checkbox"/>
(vii) an explanation of satisfactory progress as it applies at the institution, including an explanation of the grading or marking system;	<input type="checkbox"/> Catalog <input type="checkbox"/> Handbook			<input type="checkbox"/>
(viii) the institution's calendar, including the beginning and ending dates for each instructional term, holidays, and registration dates;	<input type="checkbox"/> Catalog <input type="checkbox"/> Handbook			<input type="checkbox"/>

Information	Publication	Specific Page or Link for the Information Item in Column One	THECB-recognized Accreditor's Corresponding Standard	N/A – Accreditor has no Corresponding Criteria
(ix) a complete listing of each regularly employed faculty member, showing: name; area of assignment; rank; and each earned degree held, including degree level, degree designation, and institution that awarded the degree;	<input type="checkbox"/> Catalog <input type="checkbox"/> Handbook			<input type="checkbox"/>
(x) a complete listing of each administrator showing name, title, area of assignment, and each earned degree held, including degree level, degree designation, and institution that awarded the degree;	<input type="checkbox"/> Catalog <input type="checkbox"/> Handbook			<input type="checkbox"/>
(xi) a statement of legal control with the names of the trustees, directors, and officers of the corporation;	<input type="checkbox"/> Catalog <input type="checkbox"/> Handbook			<input type="checkbox"/>
(xii) a complete listing of all scholarships offered, if any;	<input type="checkbox"/> Catalog <input type="checkbox"/> Handbook			<input type="checkbox"/>
(xiii) a statement describing the nature and extent of available student services;	<input type="checkbox"/> Catalog <input type="checkbox"/> Handbook			<input type="checkbox"/>
(xiv) complete and clearly stated information about the transferability of credit to other postsecondary institutions including two-year and four-year colleges and universities.	<input type="checkbox"/> Catalog <input type="checkbox"/> Handbook			<input type="checkbox"/>



**VIII. CERTIFICATION & ATTESTATIONS**

**WHO MUST COMPLETE THE CERTIFICATION AND ATTESTATIONS PAGE:**

- **Every campus or location** under a Certificate of Authorization must complete a certification page.
- If an **institutional system** is completing a combined report for multiple locations, one certification page may be used if the authorized official representative can make the statements on behalf of all the campus locations included in the combined report.
  - In the alternative, separate certification pages must be included.
- **Out-of-state SARA authorized institutions** must certify statements regarding status as an authorized institution.

**Certification Statements and Signature – Authorized Official Representative of Institution:**

**Institutions under a Certificate of Authorization:**

**I certify the following statements [check each box to certify]:**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I am an authorized official representative of the institution.   |
| <input type="checkbox"/> | I acknowledge that the institution is required to provide information to the Coordinating Board regarding annual compliance review reporting, substantive change notifications, and student data reporting, as contained in Texas Education Code, Title 19, Part 1, Chapter 7, throughout the reporting year, upon request and within requested time periods.  |
| <input type="checkbox"/> | I acknowledge that the institution is subject to and affirm that the institution is in compliance with its Board-recognized accreditor’s standards or criteria.  |
| <input type="checkbox"/> | The institution has a student complaint procedure accessible to students and potential students.   |
| <input type="checkbox"/> | The institution is providing accurate and fair representation in publications, advertising, and promotion regarding its degree programs and courses leading to degrees, including disclosure to students and potential students of any program which does not make the graduate eligible to take required professional examinations in that field or to practice regulated professions in that field in Texas. |
| <input type="checkbox"/> | The institution is maintaining all advertisements used in Texas for a minimum of five years and shall make any such advertisements available to the Coordinating Board for inspection upon request.  |
| <input type="checkbox"/> | To the best of my knowledge and belief, all of the documents and information provided with regard to the institution’s annual compliance reporting are true and correct. I also understand that failure to report completely and accurately may result in revocation of the institution’s Certificate of Authorization.  |

<b>Signature of Authorized Official Representative of Institution:</b>	
<b>Title:</b>	
<b>Date:</b>	

**Out-of-state SARA Authorized Institutions:**

**I certify the following statements [check each box to certify]:**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | I am an authorized official representative of the institution.  |
| <input type="checkbox"/> | The institution’s Home State is a Member State and the institution is considered an Approved Institution as defined by the NC-SARA <i>State Authorization Reciprocity Agreement Policies and Standards</i> , whereby the institution can operate in Texas under the conditions established in the NC-SARA <i>State Authorization Reciprocity Agreement Policies and Standards</i> . |
| <input type="checkbox"/> | Attached in an Appendix or file is supporting documentation, as evidenced by the Welcome to SARA e-mail or letter, of the Institution’s approved membership with NC-SARA.   |

<b>Signature of Authorized Official Representative of Institution:</b>	
<b>Title:</b>	
<b>Date:</b>	

