

EXHIBIT 2

HEARING BEFORE THE REVIEW BOARD
OF THE
ACCREDITING COUNCIL FOR INDEPENDENT COLLEGES AND
SCHOOLS

BRISTOL UNIVERSITY

MARCH 10, 2016

RESPONSE OF THE ACCREDITING COUNCIL FOR
INDEPENDENT COLLEGES AND SCHOOLS

Respectfully submitted by:

Kenneth J. Ingram, Esq.
Roberto M. Montesinos, Esq.
Whiteford, Taylor & Preston, LLP
1800 M Street, NW, Suite 450N
Washington, DC 20036
Counsel for the Accrediting Council for
Independent Colleges and Schools

Introduction

This matter comes before the Review Board of the Accrediting Council for Independent Colleges and Schools (“ACICS” or the “Council”) upon the appeal by Bristol University (“Bristol” or the “Institution”) of the Council’s December 22, 2015 decision to deny Bristol’s application for renewal of accreditation. The Institution has had the opportunity to submit its brief in support of its appeal, and ACICS submits this brief in response. As set forth in detail herein, the Council’s December 22, 2015 decision is fully supported by the record in this matter, was not in any way arbitrary, capricious, or otherwise in disregard of the Accreditation Criteria, and should therefore be affirmed.

Burden on Appeal and Standard of Review

The Institution, as the appealing party, bears the burden of establishing that the Council’s action to deny the application for renewal of accreditation was improper. To carry that burden, the Institution must prove that the Council’s decision was “(i) arbitrary, capricious, or otherwise in substantial disregard of the Accreditation Criteria, or (ii) not supported by substantial evidence in the record on which the Council took the negative action.” *See* Accreditation Criteria Section 2-3-603. If the Institution does not meet its high burden to establish those factors, the Review Board must affirm the decision. *Id.*

In accordance with Accreditation Criteria Section 2-3-603, the Review Board has the authority to (1) affirm the decision of the Council, (2) amend the decision of the Council, (3) reverse the decision of the Council, or (4) remand the case to the Council with recommendations for further consideration. The Review Board may only consider the evidence that was in the record before the Council. Put simply, the Review Board may not consider any “new” materials

that are submitted by Bristol which are outside of the Record Under Review (“Record”). Additionally, the Review Board cannot amend or reverse the decision of the Council or remand the decision based on argument by Bristol that the Council action was disproportionate to the violations cited. *Id.* The Review Board panel is further limited in that it has no jurisdiction or authority concerning the reasonableness of the Accreditation Criteria. *Id.*

As the foregoing requirements clearly demonstrate, the appellant must meet a high burden in order for the Council’s decision to be disturbed. In this case, the Institution cannot meet that burden because the denial decision is based upon substantial evidence in the Record and was not arbitrary or capricious. The Council’s decision should therefore be affirmed.

Procedural History

This appeal is the result of the Council’s December 22, 2015 action to deny Bristol’s application for a renewal of accreditation. The Institution has requested that the Review Board be convened to hear its appeal of this action.

Bristol University was founded in 1991, and began operation as Kensington College, a certificate-level legal studies school. The Institution is licensed by the California Bureau for Private Postsecondary Education.

Bristol University was first accredited by ACICS in 1993. The school maintained accreditation and received a four year grant following its June 2011 Renewal of Accreditation Visit. The Institution received approval to offer an MBA program in July 2009. The Institution also received approval to offer academic associate’s degree and bachelor’s degree programs in Business Administration in April 2011. Also in 2011, the Institution underwent a Change of Ownership and changed its name to Bristol University. In October 2014, the Institution

submitted an application for a renewal of accreditation for its grant expiring on December 31, 2015. An on-site evaluation of the institution took place from May 14, 2015 – May 15, 2015. Four of the five approved programs were reviewed, as the remaining program had zero enrollments.

The evaluation team reported forty (40) areas that required an explanatory response. The Institution submitted its response to the Renewal of Accreditation Visit Report in June 2015. These response materials were reviewed by the Council at its August 2015 meeting, and the Council acted to defer the Institution and issue a show-cause directive. The letter dated August 20, 2015 (“Deferral Letter”) included thirty-seven (37) areas of non-compliance with the *Accreditation Criteria*. In the Deferral Letter, the Council also directed an on-site consultation visit to the Institution in order to allow the institution to seek comment or clarity on the areas listed. A report of that visit was sent to the Institution in October 2015. The institution submitted its response to the August 20, 2015 letter in November 2015. These response materials were reviewed by the Council at its December 2015 meeting, and the Council acted to deny the institution its renewal of accreditation application based on twenty-four (24) areas of non-compliance with the *Accreditation Criteria*:

1. The Campus Effectiveness Plan (CEP) does not meet Council standards (Section 3-1-111 and Appendix H).
2. The institution has not appropriately implemented and does not adequately monitor its CEP (Section 3-1-112).
3. The institution does not appropriately evaluate the CEP, its goals, and activities at least annually (Section 3-1-113).
4. There is insufficient evidence that emphasis is placed upon the efficiency and effectiveness of the administration of the institution, and the degree to which the institution does not comply with accreditation standards and U.S. Department of Education regulations calls into question the administrative capability of the institution’s management (Section 3-1-202(a)).

5. The institution does not maintain written evidence that faculty and staff understand their duties, know the person to whom they report, and understand the standards by which their work is measured, and there is no documentation that the administration properly trains and evaluates the faculty and staff (Sections 3-1-202(b) and 3-1-300).
6. The 2014 Campus Accountability Report (CAR) could not be verified as it relates to retention because the ending enrollment in the 2013 CAR does not match the beginning enrollment in the 2014 CAR (Section 3-1-303(a)).
7. There is not sufficient documentation to demonstrate that personnel responsible for recruiting and admissions are properly supervised by the administration to ensure their activities are in compliance with applicable standards, and there is insufficient evidence that the institution's compensation practices for recruiters who recruit student athletes comply with federal Title IV regulations (Sections 3-1-412(f) and 3-1-434).
8. The institution does not document compliance with its satisfactory academic progress policy (Section 3-1-422 and Appendix D).
9. There is insufficient evidence that the institution is encouraging and assisting students who are not making satisfactory progress (Section 3-1-423).
10. The refund policy was not followed for one student (Section 3-1-433).
11. The institution has not appropriately completed follow-up studies on graduate and employer satisfaction at specific measuring points following placement (Section 3-1-441(c)).
12. The institution has not documented that experientially or academically qualified individuals are assigned to administer all programs. In addition, there is not documentation to evidence whether the administrator of each program has sufficient time, resources, or authority to complete his/her responsibilities (Sections 3-1-511, 3-6-302, and Appendix H).
13. There is insufficient evidence that the formation of policies and educational programs involve students, graduates, or other interested parties (Section 3-1-512(a)).
14. The institution does not utilize sufficient community resources to enrich all programs (Section 3-1-512(c)).
15. There is insufficient evidence that an appropriately detailed syllabus is on file for each course in each program (Section 3-1-513(a) and Glossary).
16. The institution does not utilize appropriate systematic planning in all programs and does not provide an appropriate selection of learning materials to support the programs (Section 3-1-532(a) and (c)).

17. Many faculty members do not have appropriate faculty development plans, and insufficient evidence has been presented to support the completion of professional growth and in-service activities by faculty members (Section 3-1-543 and Appendix H).
18. The institution does not publish a catalog that meets Council standards (Sections 3-1-701 and Appendix C).
19. Some faculty members do not have appropriate qualifications to teach their assigned courses (Sections 3-4-302, 3-5-302, 3-6-502, and Appendix H).
20. The institution does not have an appropriately constituted committee that is responsible for developing, modifying, and maintaining the MBA program (Section 3-6-301).
21. There is not sufficient evidence to document that the MBA curriculum qualitatively and quantitatively approximates the standards at other institutions (Section 3-6-404).
22. There is insufficient evidence that all faculty members hired to facilitate instruction through distance education are properly trained (Appendix H, Faculty and Instructional Support (b)).
23. The institution does not document that it conducts assessments of course/program evaluations, student retention and placement, and faculty and employer satisfaction in its distance education offerings (Appendix H, Student Evaluation and Program Assessment (c)).
24. In addition to the materials reviewed by the Council regarding the institution's application to renew its accreditation, the Council reviewed the financial materials submitted by the institution. As a result of its review, the Council found that the institution's quarterly financial reports for the nine months ended September 30, 2015, do not demonstrate financial stability for the following reasons (Section 3-1-203):

a.	net loss of	\$268,590
	on revenues of	\$1,223,593
	for a percentage loss of	-21.9%
b.	retained deficit of	\$2,105,362

Pursuant to Title II, Chapter 3 of the Accreditation Criteria, the Institution elected to have the Council's December 2015 decision to deny the application for renewal of accreditation reviewed by the Review Board.

Argument

The twenty four (24) findings discussed below illustrate a wide variety of compliance issues with Bristol's application for renewal of accreditation. These findings range from a failure of the Institution to provide evidence of the existence and implementation of programs mandated by the Accreditation Criteria to the general inability of the Institution to effectively administer and maintain the Institution's Campus Effectiveness Plan and SAP policy. Moreover, while each of these citations alone is enough to deny accreditation to Bristol, the finding of twenty four (24) areas of noncompliance is substantial justification for the Council's decision to deny Bristol's application for renewal of accreditation.

In its brief, the Institution acknowledges that the Accreditation Criteria prohibit new materials from being introduced into the Record at this juncture. However, there are selected instances where the Institution is now trying to admit new evidence including with Citations 6 (introduction of revise CAR), 10 (revised student ledger card) and 17 (faculty development plans). Accreditation Criteria Section 2-3-603 mandates that only evidence that was in the Record before the Council may be considered by the Review Board (eg. The Record Under Review).

In many sections of its Brief, the Institution responds to Council's Citations by offering a mea culpa and stating that programs or policies have now been revised to satisfy the Accreditation Criteria. Examples of this type of response are present with respect to Citations 4,5,11,13,17 and with issues related to the CAR. The Review Board hearing does not function as another submission or hearing before the Council. While the Council is pleased to learn that the Institution is working on the many issues identified during the renewal of accreditation

application process, the fact of the matter is that the Review Board can only consider the evidence and explanations that were before the Council.

Finally, it is also important to point out that the Institution frequently explains in its Brief that a certain program or policy is in place, but there is a lack of evidence/documentation showing the existence or operation of the policy. This has been a recurrent theme in the Institution's submissions to date. Specific instances of this lack of evidence are addressed further below.

With these points in mind, we move on to review each of the citations issued by the Council in the December 22, 2015 denial letter.

1. The Campus Effectiveness Plan (CEP) does not meet Council standards (Section 3-1-111 and Appendix H

Section 3-1-111 of the Accreditation Criteria requires each Institution to maintain a Campus Effectiveness Plan (CEP) that describes the characteristics of the programs offered and of the student population, describes what types of data will be used for assessment, identifies outcomes, and states how continuous improvement will be made to improve or enhance outcomes at the campus. ACICS monitors the CEP through six (6) elements: student retention rates, student placement rates, level of graduate satisfaction, level of employer satisfaction, student learning outcomes and graduation rates (when available). In compiling the data needed to assess the six elements, each campus shall identify and describe how the data were collected, the rationale for using each type of data, a summary and analysis of the data collected, and an explanation of how the data have been used to improve educational processes. Baseline data must be identified for each of the six elements.

Council's Deferral Letter of August 2015 specifically directed the Institution to provide evidence that the Institution maintained a CEP that satisfies all of the required elements

including integration of the distance education implementation plan. Specifically, the Institution was directed to provide documentation, including surveys, which demonstrate that the institution had collected appropriate data to support graduate satisfaction, employer satisfaction, and student learning outcomes related to all of its programs and its collective student body. Along with the data, the Institution was required to provide an analysis of the data and a description of how the data was being used to improve the educational process.

In response to the Council's August 2015 Letter, the Institution did provide an updated distance educational plan. However, due to the fact that the plan was recently implemented, there was no evaluation of the plan or the data provided. Further, the submitted plan did not include any baseline data for the required elements and did not describe any changes that it made to its educational process as a result of the collected data.

In order to properly satisfy the requirements of Section 3-1-111, the Institution should have submitted a revised CEP which incorporated each of the required elements. Moreover, in order to demonstrate the operation of each element, the Institution should have provided data collected and a summary and analysis of the data. Also lacking from the CEP are student learning outcomes beside grade point average, an analysis of data for the student characteristics section and a description of all modifications made to educational processes based on the data collected.

The Institution's inability to demonstrate compliance with CEP standards forms a clear basis for the Council's denial of the renewal of accreditation application.

2. The Institution has not appropriately implemented and does not adequately monitor its CEP (Section 3-1-112)

Section 3-1-112 of the Accreditation Criteria requires institutions to document that the specific activities listed in the CEP are carried out and that periodic progress reports are completed to ensure that the plan's activities have occurred. Further, appropriate individuals should be assigned responsibility for implementing and monitoring the CEP.

Council's August 2015 Deferral Letter specifically requested that the Institution produce documentation to satisfy the requirements of Section 3-1-112. Additionally, the Institution was instructed to identify the individuals who are responsible for implementing and monitoring the CEP. Finally, the Institution was directed to include a two-year plan for additional reviews.

In response to Council's request, the Institution submitted meeting minutes from five (5) meetings held during September and October 2015. The meeting minutes were presented in a bullet format and only included topics of what was discussed. Moreover, since the Institution only implemented the CEP recently, the Institution was not able to provide evidence of specific activities listed in the CEP. In order to satisfy the requirements of Section 3-1-112, the Institution must submit progress reports that demonstrate activities planned have been implemented and updated in the CEP accordingly. A two-year plan for additional reviews was also not submitted by the Institution.

The Institution's inability to demonstrate that the CEP is being satisfactorily implemented and monitored forms a further basis for Council's action to deny the Institution's renewal application.

3. **The Institution does not appropriately evaluate the CEP, its goals and activities at least annually (Section 3-1-113).**

Section 3-1-113 of the Accreditation Criteria requires that all institutions evaluate the CEP, its goals and activities at least annually. Evaluation requires the determination of initial baseline rates and a measurement of results after planned activities have occurred. Further, institutions are required to maintain documentation of historical outcomes and show evidence of how this documentation is used to achieve expected goals.

The Institution has failed to demonstrate that the CEP is being effectively monitored and evaluated. As previously noted, the Institution did submit evidence of meetings being held in September and October of 2015. However, these minutes failed to include any historical data and/or a response to how previous goals were or were not achieved. The basis of this third Citation is representative of a prevalent issue that is obvious from even a cursory review of the Institution's responsive submissions to Council. That is, the Institution has produced some documentation to suggest that required programs and policies are in fact in place; however, as is the case with the CEP, the Institution has failed to demonstrate that these programs and policies are being properly implemented, monitored and evaluated. The Accreditation Criteria requires much more than just a mere showing of the existence of a program or policy such as the CEP. Instead, institutions are required to demonstrate how the CEP is actually being administered and offer evidence of how its administration is driving educational goals.

4. **There is insufficient evidence that emphasis is placed upon the efficiency and effectiveness of the administration of the institution, and the degree to which the institution does not comply with accreditation standards and U.S. Department of Education regulations calls into question the administrative capability of the institution's management (Section 3-1-202(a)).**

ACICS places a great deal of emphasis on the integrity of the institutions that it accredits. The integrity of an institution is manifested by the professional competence, experience, personal responsibility and ethical practices demonstrated by all individuals comprising the ownership, control or management. In evaluating the integrity of an institution, ACICS evaluates educational activities, admissions, student financial aid, financial operations, student services and compliance with applicable local, state and federal laws.

In the August 2015 Deferral letter, Council requested an abundance of information from the Institution in order to demonstrate compliance with Section 3-1-202(a). The Institution was specifically requested to provide evidence that qualified and competent individuals are in charge of the management and administration of the Institution. This evidence was required to include: (a) a detailed discussion of the steps taken by the senior management since the May 2015 site visit to ensure that all administrative staff members have been trained regarding the ACICS accreditation standards and the Council's expectations for compliance with those standards; (b) an analysis that demonstrates that the current staff has the necessary resources and materials to support the overall activities of the institution and remain in compliance with all Council standards; and (c) documentation that at least one senior administrator has attended an ACICS Accreditation Workshop since the May 2015 site visit.

Additionally, as a result of recent correspondence received from the US Department of Education bringing into question the Institution's eligibility for federal student aid, the Institution was required to provide: (a) the Institution's annual compliance audit for the period January 1, 2014, through December 31, 2014, the Institution's corrective plan to address any findings in the compliance audit, (b) an update on operations under HCM2, including a description of the

impact on the Institution and measures taken to adjust to these restrictions; and (c) a copy of the review of courses requested by the U.S. Department of Education.

In responding to this request, the Institution failed to demonstrate that it trains any of its staff on the ACICS criteria. Further, the Institution did not submit an analysis that demonstrates that the current staff has the necessary resources and materials to support the overall activities of the institution.

Perhaps of greater concern is the current suspension of the Institution's Title IV eligibility resulting from an unreported change of ownership. The DOE has informed the Institution that eligibility cannot be reinstated until the institution files appropriate applications that support the change of ownership, a letter of credit of nearly \$1M, and a response to the DOE's February 2015 program review. The Institution has missed deadlines for filing the response to the program review and, to our knowledge, eligibility has not been reinstated to date. This is a clear and significant compliance issue with federal law.

The Institution's failure to demonstrate proficiency with the Accreditation Criteria and the current compliance issues involving the DOE form a strong basis for the Council's action to deny the Institution's application for renewal of accreditation.

5. **The Institution does not maintain written evidence that faculty and staff understand their duties, know the person to whom they report, and understand the standards by which their work is measured, and there is no documentation that the administration properly trains and evaluates the faculty and staff (Sections 3-1-202(b) and 3-1-300).**

Council's August 2015 Deferral Letter required the Institution to produce documentation demonstrating that the faculty and staff members clearly understand their duties, know their direct supervisor, understand the standards by which the success of their work is measured and are properly trained and supervised to carry out their duties and the administrative functions of

the Institution. In response to this request, the Institution provided incomplete documentation which fails to evidence that there is a comprehensive system in place for organizing and evaluating faculty. The Institution provided job descriptions for some faculty; however, all of the submitted job descriptions were unsigned and undated. Additionally, performance reviews for only some of the faculty were provided. No plans were submitted for faculty or staff evaluation or a methodology for evaluating faculty. The Institution was specifically asked to provide evidence of internal or external faculty training that has occurred between June 1, 2015 and October 15, 2015, but this evidence was never submitted to Council. The Institution also failed to submit evidence of ACICS datasheets for a number of existing employees.

Overall, the Institution lacked the documentation to satisfy the requirements of Sections 3-1-202(b) and 3-1-300. The Institution's failure to demonstrate compliance with these specific sections of the Accreditation Criteria forms a further basis for Council's action to deny the Institution's application for renewal of accreditation.

6. The 2014 Campus Accountability Report (CAR) could not be verified as it relates to retention because the ending enrollment in the 2013 CAR does not match the beginning enrollment in the 2014 CAR (Section 3-1-303(a)).

Section 3-1-303(a) of the Accreditation Criteria requires that adequate records be kept by institutions relative to administrative operations. The records include financial aid activities, admissions, curriculum, accreditation and licensure, guidance, instructional resources, supplies and equipment, school plat, faculty and staff and student activities.

Council specifically requested in its August 2015 Deferral Letter that the Institution submit evidence demonstrating that the ending enrollment for the 2013 CAR and beginning enrollment for the 2014 CAR match. Revised CAR reports for 2013 and 2014 were required to be submitted. In response, the Institution only offered a narrative explaining how students should

or should not have been included in the ending and beginning numbers. However, the revised CARs were not submitted along with the appropriate fee. As with the previous Citation, this lack of documentary evidence fails to satisfy the Accreditation Criteria and, therefore, is a clear basis for Council's denial action.

7. **There is not sufficient documentation to demonstrate that personnel responsible for recruiting and admissions are properly supervised by the administration to ensure their activities are in compliance with applicable standards, and there is insufficient evidence that the Institution's compensation practices for recruiters who recruit student athletes comply with federal Title IV regulations. (Sections 3-1-412(f) and 3-1-434).**

In response to Council's August 2015 Deferral Letter and the documentation requested therein, the Institution submitted the job description and resume of the Admissions Supervisor of Joanna Marmolejo. Further, the Institution provided the offer letter and job description for some athletic coaches. The offer letters and job description provided do demonstrate that coaches are compensated on an annual or term basis, and there does not appear to be any incentive for recruiting students into the program in violation of Title IV regulations. However, the Institution failed to provide ACICS datasheets, resumes and signed job descriptions for Jeron Roberts, Kinyada Johnson, Will Knight, John Tacket, Jesse Quintero, Eric Martin, Christian Ramirez, Yan Benabou, Aric Anderson, Garrett Estrin, Derrick Trent, Mark Stanga, Paul Cook, Tony Almond, and Richard Flores. Further, no documentation was submitted to evidence the support and training of admission personnel.

Once again, as we have seen with previous Citations, the Institution has failed to demonstrate that proper policies and procedures are in place for evaluating, training and monitoring faculty and staff. This lack of evidence substantiates Council's Seventh Citation and its denial action generally.

8. The Institution does not document compliance with its satisfactory academic progress policy (Section 3-1-422 and Appendix D).

Council's August 2015 Deferral Letter required the Institution to submit a report demonstrating that SAP has been evaluated for all students who were enrolled on September 30, 2015. This report was required to identify all enrolled students, along with GPA, the number of credits in each student's program, the number of credits in the program that have been successfully completed, and the percentage of credits attempted that have been successfully completed, along with identification of each student who is not making satisfactory academic progress. The Institution was also requested to provide student transcripts and copies of notices to the students placing them on probation for every student not making satisfactory academic progress.

In response, the Institution submitted a report dated 9/28/15 which outlined all current students, the current GPA, completion rate percentage, credits in program, credits attempted, credits completed, courses completed, SAP met, letter warning sent, probation letter sent, academic plan and notes for various students. However, the Institution did not provide transcripts or documentation of notification of the change in status for all students listed on the report as not meeting SAP. These students include: Jonathan Cuatete, Do Khanh, Angelica Dorantes, Raneisha Duncan, Saralyn Edwards, Tyreshay Flores, Marcellia Harris-Washington, Drake Hoffman, Astin Jones, Tache King, Luis Lopez, Theresa Morris, Hilda Rivera (Garcia), Gurpreet Singh, Jarrett Sotolongo, Cesar Valladares, Giajaida Vargas, Jamei Wright. A report demonstrating that SAP has been evaluated for all students who were enrolled on February 15, 2015 was also not provided.

A lack of clarity regarding credits attempted versus credits earned is also apparent from the transcripts that were submitted. An example of this is the transcript of Thomas William Zieglowsky.

In all, the Institution has failed to document compliance with its Satisfactory Academic Progress policy in violation of Section 3-1-422 and Appendix D.

9. There is insufficient evidence that the Institution is encouraging and assisting students who are not making satisfactory progress (Section 3-1-423).

Section 3-1-423 of the Accreditation Criteria requires institutions to encourage and assist their students who are experiencing difficulty in progressing satisfactorily in their programs. In order to satisfy this Citation, Council's August 2015 Deferral Letter required the Institution to submit evidence that the Institution is providing counseling to students who are not satisfactorily progressing in their programs, including: a formalized plan of the counseling process, counseling forms that are signed by both the student and a representative of the institution and completed tutoring forms that are signed by the student and the faculty member which include the areas covered during tutoring. Further, the Institution was required to submit copies of such counseling forms for all students who were enrolled on September 30, 2015, and were identified as not making satisfactory academic progress.

In response to Council's requests, the Institution did provide a plan for academic advising that includes student meetings for students who are on SAP warning and probation. Evidence of student warning letters was also provided along with three (3) counseling forms that were signed by students. Notably, however, the Institution did not submit signed counseling forms for the twenty seven (27) other students that were identified as not meeting SAP. Moreover, the thirty

(30) total students that were identified as not meeting SAP represent 16% of the total student population – a concerning percentage.

The Institution's inability to demonstrate proper counseling for the vast majority of its students which were identified as not achieving satisfactory academic progress forms a clear basis for Council's ninth citation and ultimate denial action.

10. The refund policy was not followed for one student (Section 3-1-433).

Regarding the tenth Citation issued by Council, the Institution was requested to provide a refund calculation worksheet for Amber Ewbank which clearly demonstrates the determination of any refund owed as well as the student's ledger card and documentation that the refund has been paid. The Institution was also requested to provide a copy of its new policy and procedure related to the auditing and reconciliation of small ledger balances and evidence that the policy and procedure have been implemented.

Even though the Institution provided a revised ledger card for the student at issue in addition to an updated policy related to auditing and reconciliation of small ledger balances, no evidence was provided as to how the policy is being implemented. Evidence of how a policy is implemented may include meeting minutes with the appropriate staff where the policy is discussed or a documented review of student ledger cards with the appropriate determination.

With respect to the specific student at issue in this Citation, the Institution failed to provide a revised ledger card demonstrating the proper amount refunded to the student - \$93.85. Therefore, based on the documentation provided, it is unclear if the Institution's refund policy is properly administered.

The Institution's failure to provide sufficient documentation in response to Council's August 2015 request further substantiates Council's decision to deny the Institution's application for renewal of accreditation.

11. The Institution has not appropriately completed follow-up studies on graduate and employer satisfaction at specific measuring points following placement (Section 3-1-441(c)).

Section 3-1-441(c) of the Accreditation Criteria requires institutions to provide employment assistance and document activity. Further, follow-up studies on graduates and employer satisfaction are required to be conducted by all institutions at specific measuring points following placement of the graduate. Institutions should also keep data on students who do not graduate but who become employed on their own or with the institution's assistance.

The Council directed the Institution to provide a detailed plan outlining the procedures the Institution uses to disseminate and collect graduate and employer surveys at specified times following placement and describing what specific measuring points will be utilized for assessment of returned surveys. The Institution was also required to submit completed graduate and employer surveys and a corresponding summary for all students graduating between June 1, 2015 and October 15, 2015.

In response, the Institution provided a plan outlining the procedure implemented to secure graduate and employer surveys. As stated by the Institution, the graduate survey is emailed to the graduate during the graduation/exit interview process. This process does not meet the requirements of the Accreditation Criteria because the survey should only be conducted after the graduate is considered placed. There is no indication that the graduate surveys are administered after the student has gained employment. Additionally, the Institution submitted a

listing of graduates between June 1, 2015 and October 15, 2015 where only 9 of the 49 students completed the survey.

With respect to employer surveys, the Institution submitted a copy of the survey from SurveyMonkey. The survey is entitled "2015 Graduate and Intern Employer Satisfaction Survey." Employer surveys should only be sent to companies that have hired Institution graduates.

Overall, the Institution has failed to demonstrate that it properly and effectively monitors graduate and employer satisfaction after placement.

12. The Institution has not documented that experientially or academically qualified individuals are assigned to administer all programs. In addition, there is no documentation to evidence whether the administrator of each program has sufficient time, resources or authority to complete his/her responsibilities (Section 3-1-511, 3-6-302 and Appendix H).

Council's August 2015 Deferral Letter required the Institution to provide evidence that qualified instructors were assigned to administer the Paralegal Studies and Business Administration program as well as Distance Education activities. The Institution was also called on to provide an explanation of how the identified instructors have the sufficient time, resources and authority to complete their duties.

In response to Council's directive, the Institution submitted the names and qualifications of the respective program chairs for the Paralegal Studies and Business Administration Programs. Mr. Paul Cook is the Program Chair for the Associates in Business Administration Program. According to the information submitted, Mr. Cook has a Masters in Education and a Bachelors in Music. Further, Mr. Cook has many years of teaching experience in a K-12 system. From the information submitted, it does not appear that Mr. Cook has any business related

experience or business related course work which would qualify him to oversee the Associates in Business Administration Program.

Information was also submitted regarding Mr. John Keffalas and Mr. Gary Connelly as program chairs for the Paralegal Studies Program and Bachelors in Business Administration program, respectively. While the educational and experiential backgrounds of these individuals likely qualifies them to serve as chairs of their respective departments, there is little documentation to demonstrate that each program chair has sufficient time to fulfill their duties – all of the individuals identified as program chairs are listed as part-time employees.

Finally, no evidence was provided for an individual who meets the qualifications outlined in the Accreditation Criteria to oversee Distance Education activities.

The Institution's inability to demonstrate that its programs chairs either have the experience, qualification or time to oversee school programs forms a clear basis for the Council's decision to deny the Institution's application for renewal of accreditation.

13. There is insufficient evidence that the formation of policies and educational programs involve students, graduates or other interested parties (Section 3-1-512(a)).

Section 3-1-512(a) of the Criteria requires the formation of policies and the design of educational programs that involve students, graduates, administrators, faculty, and other interested parties such as advisory committees. This practice must also serve as an evaluation process to determine effectiveness and relevance when the institution relies upon curricula, courses, courseware, or coursework that is designed, leased, or owned by another entity or provided by or through a network of entities.

In order to satisfy this Citation, Council's August 2015 Deferral Letter directed the Institution to provide evidence that the campus has developed a plan that addresses the method by which students and graduates will participate in the design of educational programs. The institution was also called upon to submit documentation of completed action items from the plan and how activities were incorporated in the formation of policies and/or the design of educational programs. As noted by the Council, appropriate activities include, but are not limited to, course, program, and campus evaluation surveys; student advisory boards; student and graduate inclusion on program advisory boards; suggestion boxes; and graduate surveys that include curriculum assessment.

Put simply, the Institution did not submit sufficient documentation to satisfy Council's request and, therefore, failed to demonstrate that the Institution has policies and programs in place which involve students, graduates and other interested parties. The Institution submitted an invitation to a meeting to discuss the paralegal program, minutes from a meeting for the English lab, evidence of the development of a front office management certificate program (which is not approved by ACICS) and various feedback from students regarding tutoring sessions held. Additional evidence should have been submitted in the form of meeting minutes that outline feedback from graduates, students, faculty and employers on the content and design of the programs at issue.

The Institution's failure to provide sufficient documentation in response to Council's August 2015 Deferral Letter further substantiates Council's decision to deny the Institution's application for renewal of accreditation.

14. The Institution does not utilize sufficient community resources to enrich all programs (Section 3-1-512(c)).

Council's August 2015 Deferral Letter directed the Institution to submit evidence that community resources are being utilized to enrich the academic programs of the Institution. As part of its response, the Institution was asked to submit a plan for future use of community resources, a synopsis of community resource activities that occurred prior to February 15, 2016, sign in sheets which evidence student attendance and participation by guest speakers and evidence of field trips involving community activities.

In response, the Institution submitted evidence of three (3) community resource activities for the Paralegal program and two general education classes. The three examples provided for the paralegal program and general education do not demonstrate the utilization of community resources is being completed for all programs at the Institution, including all business programs. The Institution failed to demonstrate that community resources are being utilized to enrich each of its academic programs. There was only evidence of one (1) community event that occurred prior to February 15, 2016. Further, in addition to the lack of evidence provided regarding the prior use of community resources, there was no comprehensive plan provided for utilizing community resource activities currently.

The lack of evidence submitted substantiates Council's Fourteenth Citation and its denial action generally.

15. There is insufficient evidence that an appropriately detailed syllabus is on file for each course in each program (Section 3-1-513(a)) and Glossary).

Section 3-1-513(a) of the Accreditation Criteria requires institutions to provide a detailed syllabus for each course in each curriculum that is made available to students for that class. Further, each syllabus must contain the required elements set forth in the Glossary.

In an effort to satisfy this Citation, the Institution submitted class schedules and syllabi for all courses listed in the school catalog. However, none of the submitted syllabi contained the required elements as required by the Glossary in the definition of "Syllabus." In general, the syllabi submitted did not include the date of last revision and the grading scales listed on the syllabi were inconsistent with those in the school catalog. There were also several specific examples of inconsistencies between the syllabi and school catalog, including:

- a) BUS 560: The pre-requisite courses on the syllabus do not match the catalog;
- b) MKT 505: The course name on the syllabus does not match the catalog;
- c) MBA 550: The course description on the syllabus does not match the catalog;
- d) BUS 325: The pre-requisite courses on the syllabus do not match the catalog;
- e) ECN 201: The course name on the syllabus does not match the catalog.

The inconsistencies contained in the submitted syllabi create a clear basis for Council's fifteenth citation and the ultimate determination to deny the Institution's application for renewal of accreditation.

16. The Institution does not utilize appropriate systematic planning in all programs and does not provide an appropriate selection of learning materials to support the programs (Section 3-1-532(a) and (c)).

Council's August 2015 Deferral Letter directed the Institution to submit evidence demonstrating that the Institution incorporates systemic planning into the instructional components of the Paralegal Studies and Business Administration programs. The Institution was called on to submit a detailed plan that describes each program, and a list of scheduled faculty and community meetings for the last six months of 2015 along with evidence that all meetings scheduled to take place prior to October 15, 2015 actually took place. Evidence was required to include sign-in-sheets of faculty who were present and meeting minutes. Finally, the Institution was asked to submit a description of all changes made to the Paralegal Studies and Business

Administration programs since the team visit in May of 2015 including the selection of textbooks and other learning materials.

In response to Council's directive, the Institution only provided evidence of systematic planning for the Certificate in Paralegal program in the form of a 110 page study from an outside consultant that compared the Institution's program to that of the University of California Irvine and Santa Ana College. Virtually none of the material that the Council specifically requested was submitted. Specifically, a detailed plan was not provided for any of the existing programs from internal faculty and /or community members during the last six (6) months. The institution did provide evidence of a training session related to online distance learning with a sign-in sheet, a meeting with general education faculty where institutional policies and procedure were discussed and a paralegal conference call with a listing of attendees. However, the Institution did not provide evidence of all meetings where curriculum feedback is specifically discussed for all approved programs. Further, the Institution did not provide evidence that meetings occurred by submitting an attendance roster (sign-in sheet) of the members who were present and meeting minutes for the last six (6) months. Finally, the Institution provided no updates or changes made to the curriculum since the team's visit as it relates to the selection of textbooks and/or other learning materials.

The Institution's failure to provide sufficient documentation in response to Council's August 2015 Deferral Letter further substantiates Council's decision to deny the Institution's application for renewal of accreditation.

17. **Many faculty members do not have appropriate faculty development plans, and insufficient evidence has been presented to support the completion of professional growth and in-service activities by faculty members (Section 3-1-543 and Appendix H).**

Section 3-1-543 of the Accreditation Criteria requires institutions to establish faculty development plans including both in-service and professional growth activities to enhance faculty expertise. Documented evidence is required to be maintained on an annual basis of these development plans and their implementation. Institutions are responsible for demonstrating that these plans are appropriate given each faculty members' training, education, and related work experience and that they provide the proper mix of in-service training and professional growth based on the academic and experiential background of the faculty.

In order to satisfy this Citation, the Institution was asked to provide a list of current faculty and the appropriate faculty development plans for all identified faculty. The plans were required to include 1) an appropriate mix of in-service training and professional growth activities, 2) the time period for which the plan is valid (not to exceed one year), and 3) a signature of the faculty member and his/her supervisor. Further, the Institution was asked to provide documentation evidencing that activities listed on the plan had been completed. Notably, the list of faculty that was provided by the Institution in response to this Citation does not match the course listing which was provided in response to Citation # 15. Specifically, the list of faculty provided in response to this Citation contained ten (10) members while the response to Citation #15 referenced 17 faculty members. The Institution did provide revised ACICS datasheets for some faculty with updated professional growth and in-service activities; however, no faculty development plans were submitted for any of the faculty. Moreover, no documentary evidence was submitted which proved that listed activities on the ACICS datasheets has been completed.

In all, the Institution failed to provide sufficient documentation which demonstrates appropriate annual faculty development plans for its entire faculty. Further, the inconsistencies in

reporting the number of faculty members creates further confusion regarding the administration of the Institution and the proper supervision and training of faculty members.

18. The Institution does not publish a catalog that meets Council standards (Section 3-1-701 and Appendix C).

Council's August 2015 Deferral Letter directed the Institution to provide a draft catalog that incorporates all required elements, including (a) a mission statement with an appropriate set of supporting objectives; (b) a faculty listing to include the academic credentials held, institutions awarding the credentials, and the area of teaching specialization for each instructor; (c) a definition of the unit of credit; and (d) a corrected satisfactory academic progress policy that explains how transfer of credits, program changes, and seeking an additional credential will affect the cumulative grade point average and the successful course completion percentage.

In response, the Institution did provide a revised catalog which satisfied some of the issues identified by the Council. However, a number of issues remain, including: (a) a listing of full-time faculty to include the academic credential held, institutions awarding the credentials and the area of teaching specialization for each instructor and (b) a definition of the unit of credit.

The deficiencies contained in the catalog form a further basis for Council's decision to deny the Institution's application for renewal of accreditation.

19. Some faculty members do not have appropriate qualifications to teach their assigned courses (Sections 3-4-302, 3-5-302, 3-6-502 and Appendix H).

In order to satisfy Citation nineteen, the Institution was directed to provide evidence that faculty members Paul Cook, Michael Arnold, Steve Landers, Luke Martin and Fathiah Inserto are qualified to teach their assigned courses. In order to demonstrate the qualifications of these individuals, the Institution was asked to provide a list of courses taught by each instructor, signed

letters of employment, signed job descriptions, ACICS datasheets, resumes and copies of official transcripts for all qualifying credentials. Further, for every general education course taught by each instructor, the Institution was asked to provide documentation that the instructor earned at least 18 semester credits or the equivalent course work in the discipline.

The Institution's response to Council's directive contained a number of deficiencies with respect to certain instructors. As an example, the Institution stated that Mr. Luke Martin is qualified to teach ENG 105 (English which is a General Education course), SMG 310 (Sports, Society and Ethics which is a Sports Management Emphasis course), and SMG 430 (Sports Facilities Management). Mr. Martin's transcripts indicate that he does possess a Juris Doctorate; however, it does not appear he possesses the required 18 hours in English from his undergraduate English literature degree. The course work appears from the undergraduate transcript in English to be either drama or literature type courses. Further, upon review of Mr. Martin's resume, he does not possess any work experience in sports facility management or sports.

The Institution also provided official transcriptions for Mr. Michael Arnold which confirmed he holds a Masters in Business Administration and a Bachelors degree in Information Technology. The degree in Information Technology and work experience in the field qualifies Mr. Arnold to teach BUS 110 (Computer Essentials). However, upon review of Mr. Arnold's transcripts, it does not appear he possesses the required 18 hours in philosophy or critical thinking to be qualified to teach PHL 305 (Critical Thinking).

There are other examples of the Institution's deficiencies with respect to this Citation as well including a lack of documentation regarding the qualifications of Mr. Steve Landers. These numerous deficiencies form a clear basis for Council's 19th citation and ultimate denial action.

20. The Institution does not have an appropriately constituted committee responsible for developing, modifying and maintaining the MBA program (Section 3-6-301).

In accordance with Section 3-6-301 of the Accreditation Criteria, the responsibility for developing, modifying, and maintaining graduate program(s) shall be performed by a qualified designated committee which shall include, but not be limited to, students, faculty, administrators, and employers.

In its initial application for renewal of accreditation, there was no indication that the Institution had a committee established to oversee the MBA program. This issue was brought to the attention of the Institution by ACICS staff during the team visit and subsequent consultation visit. Thereafter, Council's August 2015 Deferral Letter directed the Institution to provide evidence that a qualified committee had been designated to oversee the MBA program. The Institution was required to provide evidence including: (a) a list of scheduled committee meetings for 2015 along with evidence that the meetings had taken place, (b) a list of committee members and their qualifications, (c) meeting minutes, (d) evidence that the committee consisted of students, faculty, administrators and employers.

In response to Council's request, the Institution provided a narrative outlining a committee was formed with the appointment of a Program Chair and Research Director on October 5, 2015. A listing of qualified members that included faculty and administration of the school was also provided; however, it did not include students or employers. The institution also provided meeting minutes from the first and only meeting held in 2015 on November 3, 2015. The meeting minutes submitted do demonstrate that a committee was formed, but it is unclear from the minutes that the committee has the responsibility for developing, modifying and

maintaining the MBA program. Additional documentation, which the Council specifically requested, should have been submitted on this point.

The Institution's failure to provide sufficient documentation in response to Council's August 2015 Deferral Letter further substantiates Council's decision to deny the Institution's application for renewal of accreditation.

21. There is not sufficient evidence to document that the MBA curriculum qualitatively and quantitatively approximates the standards at other institutions (Section 3-6-404).

Section 3-6-404 of the Accreditation Criteria requires institutional master's degree curriculums to quantitatively and qualitatively approximate the standards at other institution's offering master's degrees. The Criteria further requires that instructional procedures, texts, materials, and technology be appropriate to the purposes, curriculums, and standards of collegiate institutions.

In order to satisfy this Criterion, the Institution was asked by Council to provide a review of at least three similar programs, which compares and contrasts the curriculum standards. As part of this study, the Institution was directed to provide a summary of its findings with specific reference to appropriate topical content, support for research, and the availability of statistical software for faculty and student use, as well as evidence of any changes or improvements made as a result of this analysis.

In response, the Institution provided a narrative report comparing its MBA program to three other southern California ACICS accredited institutions. The report and subsequent documentation demonstrate each institution offers a required core group of courses in marketing, finance, operations management, organizational development and strategic management. Based

on the research of the comparable institutions, it does not appear that the Institution made any changes to the MBA program.

The Institution also stated that it purchased a Statistical Package for Social Science from IBM that students and teachers would be trained in. However, no evidence was provided that any training had occurred or that the software was even purchased.

The Institution's failure to provide sufficient documentation in response to Council's August 2015 Deferral Letter further substantiates Council's decision to deny the Institution's application for renewal of accreditation.

22. There is insufficient evidence that all faculty members hired to facilitate instruction through distance education are properly trained (Appendix H, Faculty and Instructional Support (b)).

Council's August 2015 Deferral Letter directed the Institution to submit evidence that distance education faculty members have been properly trained to utilize the institution's learning management system for purposes of instruction, communication, and assessment. Documentation was required to include a listing of all distance education faculty members teaching in the current term along with the appropriate proof of training and assessment.

According to the current term course listing provided by the Institution, there are ten (10) faculty members teaching in the online environment. The Institution provided no evidence of training, either in a certificate form or acknowledgment, for Irene Ortiz-Colella or Suzanne Antone. The Institution must provide evidence that these two instructors have been properly trained to utilize the Institution's learning management system for purposes of instruction, communication and assessment.

With respect to the 22nd Citation, the Institution's failure to provide sufficient documentation in response to Council's August 2015 Deferral Letter further substantiates Council's decision to deny the Institution's application for renewal of accreditation.

23. The Institution does not document that it conducts assessments of course/program evaluations, student retention and placement, and faculty and employer satisfaction in its distance education offerings (Appendix H, Student Evaluation and Program Assessment (c)).

In order to satisfy this Citation, the Institution was directed to provide evidence in the form of a plan that details when the institution will conduct evaluations of each online course, a review of retention and placement as related to the distance education activities, and a measurement of faculty and employer satisfaction as related to distance education activities. In order to prove the implementation of the plan for documentation was required to be produced including a list of the institution's recent distance education course offerings, copies of course evaluations, a summary and assessment of the evaluation, signed evidence that all evaluations have been discussed with each faculty member, faculty meeting minutes where distance education activities were discussed as related to retention and placement, copies of faculty and employer satisfaction surveys, and an analysis of the surveys and how this information is being used to improve the distance education offerings of the institution.

In response, the Institution provided a listing of recent distance education course offerings and copies of each students end of course evaluations from March, April, May, July, September and October 2015 online courses. However, the Institution did not provide an assessment or summary of the survey results. Further, the institution did not provide any evidence these survey results were discussed with the faculty members.

The Institution also provided a graduate survey plan outlining the process it will use to collect the graduate survey. The process, however, states the Institution will collect the survey as

part of the graduation audit/exit interview. The institution will need to revise the plan to clearly state they will not conduct the survey until after the student has been deemed a graduate of the school. This is the same issue we saw in Citation #11. Additionally, the Institution provided the survey instrument used to survey the faculty along with the individual results. However, once again, the Institution did not provide an analysis or summary of the data collected from the survey.

The evidence submitted by the Institution demonstrates that while the Institution may be collecting appropriate data in order to conduct assessments of course evaluations, student retention and placement, and faculty and employer satisfaction, no analysis is being conducted regarding the data collected. We have seen this issue in a number of the other discussed Citations. That is, even though data is being collected, there is no evidence that it is being utilized to develop the overall educational experience at the Institution. For these reasons, the Council was more than justified in taking action to deny the Institution’s application for renewal of accreditation.

24. Financial Stability

In addition to the materials reviewed by the Council regarding the Institution’s application to renew its accreditation, the Council reviewed the financial materials submitted by the Institution. As a result of its review, the Council found that the Institution’s quarterly financial reports for the nine months ending September 30, 2015, do not demonstrate financial stability for the following reasons (Section 3-1-203):

a.	net loss of	\$268,590
	on revenues of	\$1,223,593
	for a percentage loss of	-21.9%
b.	retained deficit of	\$2,105,362

The recent quarterly financial reports indicate that the Institution does not maintain adequate revenues and assets to meet its responsibilities, to ensure continuity of service, and to accomplish its mission in violation of Section 3-1-203 of the Accreditation Criteria.

Conclusion

The twenty four (24) findings discussed above illustrate a wide variety of compliance issues with the Accreditation Criteria. These findings range from a demonstrated inability of the Institution to effectively implement and monitor its CEP and SAP policies to an overall lack of evidence to support the existence of certain programs mandated by the Accreditation Criteria. These numerous findings bring into serious question the Institution's ability to comply with the Accreditation Criteria now and in the future. Moreover, while each of these citations alone is enough to justify the denial of accreditation for Bristol, the finding of **twenty four (24)** areas of noncompliance is substantial justification for the Council's decision to deny Bristol's application for a renewal of accreditation.

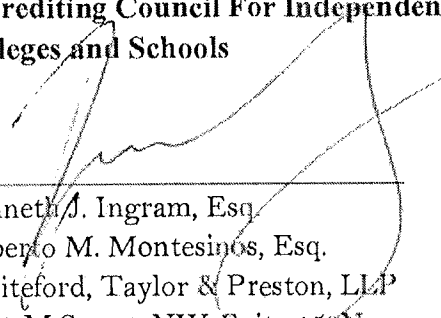
The Council considered and carefully weighed all of the evidence before it at the time it made its decision. As the record demonstrates, Bristol had multiple opportunities to bring its programs and policies into compliance with the Accreditation Criteria. The entire process nearly spanned the course of an entire year providing Bristol with ample time to address the identified areas of noncompliance. In spite of these various opportunities, Bristol was unable to satisfy numerous areas of the Accreditation Criteria. The Review Board hearing does not function as another hearing before Council.

In accordance with Section 2-3-603 of the Accreditation Criteria, after the Review Board has examined the evidence before it, the Board has the option of: (a) affirming the decision of the

Council; (b) amending the decision of the Council; (c) reversing the decision of the Council, or (d) remanding the case to the Council with recommendations for further consideration. As the Record fully illustrates, the Council's decision is supported by substantial evidence, and was not arbitrary or capricious. The Review Board should also recognize that an affirmance of the denial action now does not prevent Bristol from applying for a new grant of accreditation in the future. Accordingly, the Review Board should affirm the Council's decision to deny Bristol's application for renewal of accreditation.

Respectfully submitted,

**Accrediting Council For Independent
Colleges and Schools**



Kenneth J. Ingram, Esq.
Roberto M. Montesinos, Esq.
Whiteford, Taylor & Preston, LLP
1800 M Street, NW, Suite 450N
Washington, DC 20036
Counsel for the Accrediting Council for
Independent Colleges and School

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