



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING
1722 N. Street, N.W., Washington, D.C. 20036
Telephone : 202-955-1113 Fax: 202-955-1118
<http://www.accet.org>

April 21, 2015

VIA EMAIL & FEDERAL EXPRESS
(uniqueedu@uniquephoto.com)

Mr. Matthew Sweetwood, President
Unique University
123 US Hwy 46
Fairfield, NJ 07004

*Re: Initial Accreditation Denied
(Appealable, Not a Final Action)
ACCET ID #1420*

Dear Mr. Sweetwood:

This letter is to inform you that, at its April 2015 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny initial accreditation to Unique University, located in Fairfield, New Jersey.

The decision was based upon a careful review and evaluation of the record, including the institution's Analytic Self-Evaluation Report (ASER), the on-site visit team report (visit conducted February 3-4, 2015), and the institution's response to that report, dated March 19, 2015. It is noted that none of the weaknesses cited in the team report were adequately addressed in the institution's response. Therefore, the Commission determined that the institution has not adequately demonstrated compliance with respect to ACCET standards, policies, and procedures, relative to the following findings:

1. Standard I-A: Mission Statement

The institution failed to demonstrate that its mission provides a definitive basis upon which to deliver and assess the education and training programs offered by the institution. Specifically, the team report indicated that the enrollment information for the institution was not verifiable, as only the data for the courses Camera 1, Camera 2, and Camera 3 (separately) and the Ultimate course was available. The team found a general lack of understanding of institutional accreditation, and that all training offered by an institution must be included in the accreditation review. The report also noted that the misunderstanding of ACCET accreditation was evident in other standards throughout the report, as enumerated in the findings detailed in this letter.

The institution's response noted only that, "This weakness is in the process of being amended." No further narrative explanation or documentation of corrective actions taken was provided. Consequently, the systematic and effective implementation of policies and procedures related to this standard has not been demonstrated in practice over time.

2. Standard I-B: Goals

The institution failed to demonstrate that its broad institutional goals support the mission in all key operational and training areas. Specifically, the team report indicated that the institutional goals as stated in both the ASER and the institution's business plan do not encompass all operational areas of the institution, including specifically enrollment and student outcomes.

The institution's response noted only that, "This weakness is in the process of being amended." No further narrative explanation or documentation of corrective actions taken to address the cited weakness in the team report was provided. Consequently, compliance with this standard has not been demonstrated.

3. Standard I-C: Planning

The institution failed to demonstrate that it has sound, written one-year and longer-range plans that encompass both the educational and business objectives of the institution or facilitate the accomplishment of broad institutional goals. Further, it failed to demonstrate that its plans include specific and measurable objectives, with corresponding operational strategies, projected time frames, required resources, and methods for subsequent evaluation of each objective.

The team report indicated that the institution's written planning document did not address both educational and operational objectives, and did not link to the broad institutional goals. The institution's plan lacked the business plan elements required by the standard, such as measurable objectives, operational strategies, projected timeframes, required resources, designated personnel and evaluation methods. In addition, there was no documentation of the planning process or evidence of communication to staff. Finally, the institution did not have a long term plan, as required by the standard.

The institution's response noted only that, "This weakness is in the process of being amended." No further narrative explanation or documentation of corrective actions taken was provided. Consequently, the systematic and effective implementation of policies and procedures related to this standard has not been demonstrated in practice over time.

4. Standard II-A: Governance; II-E: Communications

The institution failed to demonstrate that its management team develops and maintains an effective framework of written strategies and policies, or that it ensures the integrity and effectiveness of the institution and its compliance with accreditation requirements.

The team report indicated that the accuracy of the institution's ACCET Document 12.b and the program chart could not be verified as the institution did not provide consistent and accurate enrollment data for its courses, seminars and excursions. The staff was not prepared to provide comprehensive enrollment data to the team. Further, the range of hours for the workshops/excursions was indicated as two to eight hours on the program chart provided to

the team, with an average course length listed as 1.45, which would be less than the two hours noted on the program chart. Overall, the team found a universal failure to communicate, comprehend, apply, and internalize the ACCET standards, policies, and requirements, as evidenced from the findings cited and enumerated in this letter.

The institution's response under both Standard II-A and II-E noted only that, "This weakness is in the process of being amended." No further narrative explanation or documentation of corrective actions taken was provided. Consequently, the systematic and effective implementation of policies and procedures reflective of responsible governance, consistent communication, and compliance with accreditation standards has not been demonstrated in practice over time.

5. Standard II-B: Operational Management

The institution failed to demonstrate that operational management is responsible for systematically and effectively implementing the strategies and policies of senior management within an organizational framework that is clearly defined, understood, and effective, and that written policies and procedures guide the day-to-day operations of the institution.

The team report indicated that the institution's website included a tab for instructors listing "dozens of individuals who teach one workshop or more," but there were no contracts, employment paperwork, or instructor personnel files on-site. The institution was found to provide no oversight for instructors and no control over the course content, as the institution did not have copies of course outlines or curriculum. Further, the team report stated that there were numerous missing and/or incomplete policies and procedures relative to many of the standards of accreditation, including areas such as refunds, grading, instructor orientation and training, promotional materials and recruitment, student progress, participant satisfaction, and student completion. Some policies were written in the ASER or as a result of the accreditation process, but their implementation was not consistent, e.g. the grading scale vs. pass/fail, and the attendance policy vs. the attendance practice.

The institution's response noted only that, "This weakness is in the process of being amended." No further narrative explanation or documentation of corrective actions taken was provided. Consequently, the systematic and effective implementation of policies and procedures related to this standard has not been demonstrated in practice over time.

6. Standard II-C: Personnel Management

The institution failed to demonstrate that it provides supervision, evaluation, and training and development of its employees to ensure that qualified and capable personnel are placed and effectively utilized.

The team report indicated that all personnel files were missing ACCET Document 6 and that some files were missing required documents, such as applications or resumes. The report stated that there was no documentation of professional growth and development for staff. There were no evaluations for two instructors and no evaluation for the University Director

since 1999. There were neither personnel files for the many instructors listed on the website nor documentation of contracts with these individuals.

The institution provided no response to the weaknesses cited under this standard. Consequently, the systematic and effective implementation of policies and procedures related to this standard has not been demonstrated in practice over time.

7. Standard II-D: Records

The institution failed to demonstrate that it has an organized record-keeping system that ensures all records are maintained in an accurate, orderly, and up-to-date manner.

The team report indicated that student files were merely course registrations treated as an online cart sale; student records were essentially an order summary, with no documentation of student grades or final outcomes. The record retention policy covered only student access to student accounts.

The institution's response noted only that, "This weakness is in the process of being amended." No further narrative explanation or documentation of corrective actions taken was provided. Consequently, the systematic and effective implementation of policies and procedures related to this standard has not been demonstrated in practice over time.

8. Standard III-B: Financial Procedures

The institution failed to demonstrate that it assesses its finances at adequate intervals, not less than quarterly; that it has written policies and procedures for proper financial controls and supervision of financial management staff; that tuition charges are applied fairly and consistently; and that receipt of tuition payments and other monies is properly recorded and tracked. It did not demonstrate that its cancellation and refund policies comply with accreditation requirements.

The team report indicated that the institution only partially assesses its financial condition, not tracking overhead costs or salaries. Revenue and expense data only included the courses Camera 1, Camera 2, Camera 3, and Ultimate, and had no information for the hundreds of other courses offered. In addition, the institution's cancellation and refund policy was found not to be in compliance with ACCET Document 31, in that it provided store credit rather than an actual refund, and did not include a timeline for making refunds. The policy included a "cancellation fee" of 10% to 25% of the class registration cost, based on when the cancellation was made, whereas ACCET's policy permits only the retention of a registration fee if the applicant cancels prior to the class or the day of. The team report further stated that there was no provision in the policy for a refund due to student withdrawal from a multi-session course. The team report indicated that three of the nine refunds reviewed were issued late, as defined by ACCET Document 31, and that the institution's policy did not specify a timeframe.

The institution's response noted only that, "This weakness is in the process of being amended." No further narrative explanation or documentation of corrective actions taken was provided to address the multiple issues cited in this weakness. Consequently, the systematic and effective implementation of policies and procedures related to this standard has not been demonstrated in practice over time.

9. Standard IV-A: Educational Goals and Objectives

The institution failed to demonstrate that the curricular content and learning experiences of its courses are preplanned and present a sound and systematic educational methodology. Specifically, the team report indicated that the program chart provided to the team listed the institution's two certificate programs, but did not include four internally-developed courses offered, three of which were not included on the initial application for accreditation. The program chart also lists "Seminars and Excursions," for which proper internal controls, oversight, and management of the instructor, content, or delivery was not demonstrated. In addition, the Ultimate program, a one-day course listed as eight hours, had content equivalent to the Camera 1/2/3 courses, a total of six clock hours of instruction. The staff indicated to the team that the Ultimate program included a one-hour break and an hour for one-to-one tutoring; thus the length in clock hours was misstated.

The institution's response noted only that, "This weakness is in the process of being amended." No further narrative explanation or documentation of corrective actions taken was provided. Consequently, the systematic and effective implementation of policies and procedures related to this standard has not been demonstrated in practice over time.

10. Standard IV-B: Program/Instructional Materials

The institution failed to demonstrate that course materials demonstrate the appropriate scope, sequence, and depth of each course in relation to stated goals and objectives, or that they are up-to-date, readily available, and facilitate positive learning outcomes. Specifically, the team report indicated that materials for seminars and excursions, which make up the majority of classes offered by the institution, were not available for the team's review. In addition, while a copyright policy was available, it was not distributed to faculty, contract instructors, or students.

The institution's response noted only that, "This weakness is in the process of being amended." No further narrative explanation or documentation was provided to address the two issues cited in this weakness. Consequently, the systematic and effective implementation of policies and procedures related to this standard has not been demonstrated in practice over time.

11. Standard VI-A: Qualifications of Instructional Personnel

The institution failed to demonstrate that instructional personnel possess the appropriate combination of educational credentials, work experience, and demonstrated teaching and classroom management skills. Specifically, the team report indicated that the institution had

no requirement of prior teaching experience or method to assess or train instructors in teaching techniques, classroom management, or effective teaching methodologies.

The institution provided no response to the weaknesses cited under this standard in the team report. Lacking a written policy to systematically and effectively ensure instructors can demonstrate the necessary capacity in classroom management, with observable results of the policy's implementation in practice, the institution has failed to demonstrate compliance with this standard.

12. Standard VI-B: Supervision of Instruction

The institution failed to demonstrate that individuals with relevant education and experience in instructional delivery and management supervise instructional personnel and demonstrate good practice in the evaluation and direction of instructors. Regular classroom observations were not documented or effectively utilized to enhance the quality of instruction.

The team report indicated that the University Director of Operations, who was responsible for the supervision and evaluation of instructional personnel, did not have any education or experience relative to educational fundamentals, instructor supervision, instructional concepts/methods, curricular design, or classroom management. He had no relevant education or experience in instructional delivery, as required by the standard. In addition, the report stated that classroom observations were not consistently conducted or documented.

The institution stated in its response that documentation of classroom observations was included in the ASER; however, the institution's ASER included only blank observation and evaluation forms. The response did not address the issue relative to the University Director of Operations' lack of experience in education management. No further narrative explanation or documentation was provided to address the issues cited in this weakness. Consequently, the systematic and effective implementation of policies and procedures related to this standard has not been demonstrated in practice over time.

13. Standard VI-C: Instructor Orientation and Training

The institution failed to demonstrate that it implements written policies for the effective orientation and ongoing professional development of instructional personnel. Specifically, the team report indicated that instructor orientation is limited and fails to address the specific needs of classroom management, curricular development, instructional methodology, and student interaction. Further, the report noted that documentation of professional growth did not include details of the content of the training sessions.

The institution provided a list of training sessions by date and title, but did not include the minutes of these sessions as stated in its response. The response did not address the issue cited relative to new instructor orientation. No further narrative explanation or documentation of corrective actions taken was provided. Consequently, the systematic and effective

implementation of policies and procedures related to this standard has not been demonstrated in practice over time.

14. Standard VII-A: Recruitment

The institution failed to demonstrate that its promotional materials make only justifiable and provable claims and are in compliance with ACCET Document 30 – Policies for Recruitment, Advertising, and Promotional Practices. Specifically, the team report indicated that the institution had no written policy on advertising and recruitment, and that its promotional materials included superlative phrases which were not provable or verifiable and could be misleading to the public.

The institution's response noted only that, "This weakness is in the process of being amended." No further narrative explanation or documentation of corrective actions taken was provided. Consequently, the systematic and effective implementation of policies and procedures related to this standard has not been demonstrated in practice.

15. Standard VII-B: Enrollment

The institution failed to demonstrate that its written policy for enrollment is clearly stated, defined, and in compliance with accreditation requirements, or that reliable and regular means are utilized to ensure that, prior to acceptance, all applicants are able and qualified to benefit from the education and training services. Specifically, the team report indicated that the institution had no policy or procedure to ensure that a student is of a legal age to provide consent for enrollment, i.e., entering a contract, nor was there a space for parental consent for student enrollment if the student is under the legal age for consent. Further, most students pay the course fees by credit card; and there was no disclaimer or language concerning the identity of the individual paying with the credit card, or certification that the payer is the owner of the credit card.

The institution's response noted that, "This weakness is in the process of being amended." No further narrative explanation or documentation of corrective actions taken was provided to address the issues cited in this weakness relative to the enrollment process. Consequently, the systematic and effective implementation of policies and procedures related to this standard has not been demonstrated in practice over time.

16. Standard VIII-A: Student Progress; Standard IV-C: Performance Measurements

The institution failed to demonstrate that it effectively monitors, assesses, and records the progress of participants. Specifically, the team report indicated that the institution was unable to provide documentation to demonstrate that the results of skill assessments, confidence, participation or tests were recorded or provided to students.

The institution's response noted only that, "This weakness is in the process of being amended." No further narrative explanation or documentation of corrective actions taken

was provided. Consequently, the systematic and effective implementation of policies and procedures related to these standards has not been demonstrated in practice over time.

17. Standard VIII-B: Attendance

The institution failed to demonstrate that it has written policies and procedures that are in compliance with ACCET Document 35 – Attendance Policy for monitoring and documenting participant attendance. Specifically, the team report stated that the institution's attendance policy in place at the time of the on-site visit did not include required components, including the minimum attendance to successfully complete the course, make up procedures, or what impact late arrivals or early departures have. In addition, a method for tracking the actual dates of attendance was not in place.

The institution stated in its response that attendance is taken at the beginning of each class using a student sign-in sheet. It noted that examples of these sign-in sheets were provide in its ASER. However, the response did not address the issues cited relative to ACCET policy requirements regarding a stated minimum attendance or how the institution tracks tardies or early departures from class. The sign-in sheets included in the ASER all date from March 2014 and do not evidence the systematic and effective implementation of the institution's policy in practice over time. Therefore, the Commission determined that the institution has failed to demonstrate compliance with this standard.

18. Standard VIII-C: Participant Satisfaction

The institution failed to demonstrate that it regularly assesses, documents, and validates student satisfaction relative to the quality of education and training offered. Specifically, the team report indicated that, while the institution assesses student satisfaction at the end of each course, the data has not been routinely aggregated or analyzed, and the institution did not have a written policy and procedure to govern these processes.

The institution included a link to a student survey in its response, but provided no narrative explanation or documentation of corrective actions taken to address the areas of weakness cited in the on-site team report. Consequently, the systematic and effective implementation of policies and procedures related to this standard has not been demonstrated in practice over time.

19. Standard VIII-E: Completion and Placement

The institution failed to demonstrate that it follows written policies and procedures to regularly assess, document, and validate the quality of the education and training services provided relative to completion, or that the number of participants who complete is consistent with the 67% completion benchmark established by the ACCET Accrediting Commission.

The team report stated that the institution had no written policy to track, document, and validate completion rates, noting that, for the institution's two certificate programs, enrollment or completion data was not kept for the program as a whole, but only separately

for the courses of the program. Further, the institution was unable to provide a completion rate for a specified period of time, i.e., the number of students who enrolled in Understanding Your Camera 1, 2, and 3 or Ultimate Understanding Your Camera and were expected to complete in 2014.

The institution stated in its response that is it in the process of establishing a timeline to determine a completer, and noted that it tracks if individual participants had completed their courses, as noted on a spreadsheet included in the response as an exhibit. However, lacking a clear definition of a completer, effective implementation and observable results were not in evidence, and the institution was unable to provide data to demonstrate that it meets the 67% completion benchmark. Therefore, the Commission determined that the institution has failed to comply with this standard.

Since denial of initial accreditation is an adverse action by the Accrediting Commission, the institution may appeal the decision. The full procedures and guidelines for appealing the decision are outlined in Document 11 – Policies and Practices of the Accrediting Commission, which is available on our website at www.accet.org. If the institution wishes to appeal the decision, the Commission must receive written notification no later than fifteen (15) calendar days from receipt of this letter, in addition to a certified or cashier's check in the amount of \$8,500.00, payable to ACCET, for an appeals hearing.

In the case of an appeal, a written statement, plus six (6) additional copies regarding the grounds for the appeal, saved as **PDF documents and copied to individual flash drives**, must be submitted to the ACCET office within sixty (60) calendar days from receipt of this letter. The appeal process allows for the institution to provide clarification of and/or new information regarding the conditions at the institution at the time the Accrediting Commission made its decision to deny or withdraw accreditation. The appeal process does not allow for consideration of changes that have been made by or at the institution or new information created or obtained after the Commission's action to deny or withdraw accreditation, except under such circumstances when the Commission's adverse action included a finding of non-compliance with Standard III-A, Financial Stability, whereupon the Appeals Panel may consider, on a one-time basis only, such financial information provided all of the following conditions are met:

- The only remaining deficiency cited by the Commission in support of a final adverse action decision is the institution's failure to meet ACCET Standard III-A, Financial Stability, with the institution's non-compliance with Standard III-A the sole deficiency warranting a final adverse action.
- The financial information was unavailable to the institution until after the Commission's decision was made and is included in the written statement of the grounds for appeal submitted in accordance with the ACCET appeals process; and
- The financial information provided is significant and bears materially on the specified financial deficiencies identified by the Commission.

Unique University

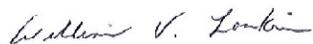
April 21, 2015

Page 10 of 10

The Appeals Panel shall apply such criteria of significance and materiality as established by the Commission. Further, any determination made by the Appeals Panel relative to this new financial information shall not constitute a basis for further appeal.

Initial applicants are advised that, in the instance of an appeal following a denial of accreditation being initialized in accordance with ACCET policy, the institution may not make substantive changes to its operations, such as additional programs or sites, until a notice of final action is forwarded by the Commission.

Sincerely,



William V. Larkin, Ed.D.

Executive Director

WVL/sef

cc: Mr. Herman Bounds, Chief, Accreditation Division, USDE (aslrecordsmanager@ed.gov)
USDE Accredited Schools Directory (accreditedschoolslist@westat.com)