



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING
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August 21, 2014

VIA EMAIL & FEDERAL EXPRESS
(sOndra@securityuniversity.net)

Ms. Sondra Schneider
Security University
510 Spring Street, Suite 130
Herndon, VA 20170

***Re: Reaccreditation Denied/Accreditation Withdrawn
(Appealable, Not a Final Action)
ACCET ID #1295***

Dear Ms. Schneider:

This letter is to inform you that, at its August 2014 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny reaccreditation to Security University, located in Herndon, Virginia.

The Commission originally considered the institution's application for reaccreditation (visit conducted February 11-12, 2014) and its response to the team report dated March 25, 2014 at its April 2014 meeting. At that time, the Commission voted to defer consideration for one cycle, continue the Institutional Show Cause directive originally issued by the Commission's Executive Committee on August 22, 2013 based on non-compliant program offerings and advertising, and directed the institution to submit an interim report to address twelve standards for which the institution was required to demonstrate compliance. It is noted that while a few of weaknesses cited in the team report were adequately addressed in the institution's response and were accepted by the Commission at the April 2014 meeting, none of the twelve issues identified in the April 20, 2014 Commission Action letter were satisfied by the institution's interim report received June 27, 2014. 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 II-A: Governance

The institution failed to demonstrate that the senior management team had developed and maintained an effective framework of written strategies and policies, that facilitate a management structure to ensure the integrity and effectiveness of the institution and its compliance with statutory, regulatory, and accreditation requirements.

The institution was required to provide a comprehensive list of all approved programs offered, complete with all promotional materials supported by a narrative explanation as to

which programs and promotional materials have been updated/revised to match those approved by ACCET. The institution was directed to clarify its statement that students do not need to attend any classes to earn a credential. This clarification was to include a policy and procedure outlining the process for earning a credential, to include cost, assessment, and tracking in addition to a revised student handbook that outlines the requirements, expectations, and outcomes of the credential offering as well as justification as to why this credential is exempt from ACCET's attendance requirements. Additionally, the institution was to provide a narrative explanation as to why the statement "no classroom needed" was included on promotional materials and support its claim that e-study is an additional product for purchase offered as a study aid. Finally, the Commission had determined that by offering this "bundled" set of courses the institution is operating as a vocational entity and directed the institution to submit a revised application for accreditation using ACCET Document 4, answering all questions to initiate the change of accreditation type from avocational to vocational.

In its interim report the institution provided a list of "approved class offerings;" however, the list provided continues to reference unapproved course bundles: 1) Q/ISP Qualified/Information Security Professional Certification; 2) QIAP Qualified/Information Assurance Professional Certification; 3) Q/WP Qualified Wireless Professional Certification; 4) QSSE Qualified/Software Security Expert Certification.

The institution's response indicated that "no classroom needed" has been removed from its website. The institution maintains that it always runs an instructor-led class and that the "no classroom needed" advertising referred to an e-study course which included a laptop offered as an instructional aid for review and examination preparation and to read e-books. The institution stated that it does not offer or provide independent/correspondence study as an educational delivery method. However, the e-study courses listed in the catalog, do not indicate that these courses are intended to be a study aid only.

The institution's interim report failed to address its credentialing process and provided no additional information relative to the cost, assessment, attendance, or tracking for the institution's own credentialing process.

Finally, the institution disagreed with the Commission's decision relative to the institution's vocational status asserting that all courses were avocational in nature. However, the institution's interim report also indicates that, *"Since October 2013 (the start of the grant) SU has provided 1 to 2 training classes and certifications to 40 unemployed individuals who used WIA to earn IT Security certifications. Within 60/90/120 days of all 40 students have found employment with salaries of greater than \$100,000 in IT or Cyber Security careers positions. This was the basis for the grant, once the employed/underemployed or unemployed individual was provided the opportunity to take 2 or more required DoD certification classes they were more likely to become employed or move to positions into IT or move to positions in IT or Cybersecurity in a very short time in a highly competitive cybersecurity field."* The Commission maintains that Security University is operating as a vocational entity, for which

the institution failed to comply with ACCET directive to submit a revised application for accreditation. It is further noted that as a vocational entity, additional policies and procedures are required including those pertaining to Standard III – Finances, Standard VII – Admissions, and Standard VIII – Evaluation and Documentation. Therefore, the institution failed to demonstrate that senior management maintains strategies and policies that ensure the integrity of the institution as required by the standard.

2. Standard II-B: Operational Management

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

The institution was directed to provide a revised staff handbook and student handbook that outlines the institution's revised, comprehensive policies and procedures relative to monitoring and tracking attendance, academic progress, course completion, exam certification pass rates, processing refunds, assessing student satisfaction, and ensuring that curricula are followed and consistently applied.

While the institution provided a revised staff handbook and student handbook/catalog, the updated policies do not include the procedure necessary to implement the revised policy including responsible parties, timeframes and clear instructions to implement the policy. The staff handbook does not include policies relative to assessing student satisfaction or ensuring that curricula are followed and consistently applied. There were inconsistencies between the policies in the staff handbook and student handbook as described under Standard VIII-B: Attendance. The Commission further noted that the handbooks do not include a policy for tracking certification and licensure, nor for tracking prerequisites for the enrollment process. Therefore, the institution failed to demonstrate that written policies and procedures guide the institution's day-to-day operations which can only be evidenced in practice over time as required by this standard.

3. Standard III-B: Financial Procedures

The institution failed to demonstrate that its written cancellation and refund policies are fair and equitable; are consistently administered; and comply with statutory, regulatory, and accreditation requirements.

The institution was required to provide a revised refund policy, ensuring full compliance with ACCET Doc. 31 to include: a) clarification as to when email notifications are sent to students regarding the refund policy; b) how students are notified of the rescheduling option and under what circumstances rescheduling is allowed; c) how the student refund will be handled if a student intended to return for a rescheduled class session, but fails to attend; d) the refund process for those students who choose a refund instead of rescheduling their program/course;

and e) the refund process for those students enrolled in a volume discount plan. The institution was further directed to provide copies of all refund calculations for students who dropped, cancelled, or rescheduled but failed to re-enroll from January 1 – May 31, 2014 to evidence systematic, uniform, and effective implementation of revised refund policies and procedures.

While the institution provided a revised refund calculation policy as part of the course catalog, student handbook and website, there are still several ongoing concerns regarding compliance with ACCET Document 31 – Cancellation and Refund Policy. The refund policy states that the school will retain the lesser of \$100 or 15% of tuition costs for cancellations. This is not allowable per ACCET Document 31. The policy allows the school to retain up to \$200 for application/registration fee, but not from assessed tuition or as a fee for cancellation. The Commission further questions the institution's justification of the value of bundling specific courses, as the refund outcome for students who drop or withdraw remains unclear based on how the policy is currently written. Additionally, the Commission notes that bundling courses again implies that the institution is offering vocational programs. The institution's current policy does not specify cancellation and refund provisions between ACCET and SCHEV as to which is the most appropriate/beneficial to the student. Further, the institution alleges to not have had any students withdraw since submission of its previous interim report, therefore the implementation of the institution's refund and cancellation policy could not be evidenced in practice. Because the Commission has deemed the institution a vocational entity, additional requirements apply to the cancellation and refund policy that are not evidenced by the institution's current procedure, advertising or implementation. The institution is not compliant with either the avocational nor vocational cancellation and refund policy requirements. Therefore, the institution has failed to demonstrate that its refund policy complies with all ACCET and state regulatory requirements which can only be evidenced in practice over time.

4. Standard IV-B: Program/Instructional Materials

The institution failed to demonstrate that program materials, including syllabi, lesson plans, instructional guides, and texts demonstrate the appropriate scope, sequence, and depth of each program or course in relation to the stated goals and objectives.

The institution was required to provide an explanation of the escalating lab component of each program to include defined learning objectives and the skills to be obtained. A copy of the revised lesson plans for five courses that include detailed information relative to the learning objectives, activities, resources, and assessment was required. The institution was also to provide revised syllabi for each course to include course prerequisites, course description, course objectives, methods of instruction, key instructional resources, delivery mode, course content, method of evaluation, and grading scale.

The institution maintains in its response that, in the following offerings, Q/EH, Q/SA, Q/FE, Q/ND, Q/AAP, Q/CA and Software Security, there are assessment based labs that are hands-on and designed to provide increasingly more difficult skills. However, defined learning objectives and specific skills to be obtained for each escalating lab were not included with the response.

The institution provided combined lesson plans and syllabi as part of the institution's catalog. The Commission noted that the syllabi did not include dates for each class, grading/assessment rubrics, or a clear explanation of the institution's requirements for completion of the program. Further, the lesson plans included only general topics of discussion and did not include pre-planned activities, resources, or methods of assessment to determine student understanding of the topic. Therefore, the institution failed to demonstrate that its program materials include the depth of information for each course and program in relation to the stated goals and objectives as required by this standard.

5. Standard IV-B: Performance Measurements, and Standard VIII-A: Student Progress

The institution failed to demonstrate that it has a sound, written assessment system that contains a set of defined elements, such as grading scale, weighting factors, tests, quizzes, reports, projects, attendance, and participation, that are appropriately related to the performance objectives of the program or course; and that the institution effectively monitors, assesses, and records the progress of participants utilizing a sound assessment system with a set of defined elements that are appropriately related to the performance objectives of the programs and courses.

The institution was directed to provide revised course syllabi to include how performance is measured against the institution's course objectives. These syllabi were to include the institution's grading scale, graduation/completion requirements, and attendance policy. Additionally, an internal policy was required to outline how satisfactory progress is tracked, who analyzes the data and how that data factors into a student's final outcome of pass or fail. The institution was required to provide five student files that included attendance sheets, assessment records, and analysis completed to determine the student's final outcome (pass/fail).

In its response, the institution submitted a completion policy which does not satisfy the performance measurement and academic progress components of this standard. While the Commission acknowledges that completion is the outcome of performance measurements applied and tracked through academic progress, the institution's internal policy for tracking completion is far too general to be compliant with this standard. The institution maintains that it has provided course syllabi to demonstrate how performance is measured against each course objective; however, the "method of evaluation" included is a rudimentary "95% attendance / 100% completion of lab," yet there is no policy that clearly outlines how competencies are evaluated against the learning objectives to determine a student's progress throughout the course. Further, the syllabi provided do not in every case include a grading methodology. Those that do, include a general statement that, "*All students must ordinarily take all quizzes, lab and if optional, submit the class practical in order to be eligible for a credential.*" This does not demonstrate a clear grading rubric for each individual course, nor does it outline the specific course requirements for each individual course. As a result, it is still unclear whether performance measurements and student progress are based solely on attendance or whether assessment of mastering specific skill sets are included in the determination of course

completion. The Commission noted that the student handbook (page 12) and catalog (page 143) both require final exams and a formal evaluation as components of academic progress, yet the staff handbook does not address how these are monitored, tracked and recorded to ensure compliance with the institution's policy. Therefore, the institution has failed to demonstrate that it effectively monitors, assesses, and records the progress of participants utilizing a sound assessment system as required by the standard which can only be evidenced in practice over time.

6. Standard IV-E: Certification and Licensure

The institution failed to demonstrate that it records and tracks the certification pass rates of graduates and uses the results to measure and improve the quality of the educational programs offered.

The institution was required to provide a policy and procedure outlining the process used to collect external certification pass rates, to include the individual responsible for tracking this data, how the data is collected, and how the data is analyzed. The institution was further directed to provide external certification pass rates for calendar year 2013 and January 1- May 31, 2014 to include the type of certification, the number of students who sat for that exam, and the number of students who passed, to demonstrate systematic and effective implementation of the new policy. The institution's narrative indicated that pass rate for calendar year 2013 was 98% with 77 test takers; however, the attachment referenced in the institution's narrative to substantiate this rate was corrupt and would not open. Further, the institution failed to provide a policy to guide the data collection process, nor did it demonstrate how this data was used to improve the quality of the educational programs offered. Therefore, the institution failed to demonstrate compliance with this standard.

7. Standard VI-B: Supervision of Instruction

The institution failed to demonstrate that regular classroom observations, along with student, peer, and supervisory feedback are documented and effectively utilized to enhance the quality of instruction.

The institution was required to provide a copy of the form used to conduct classroom observations as well as documentation of all observations conducted from January 1-May 31, 2014 evidencing constructive feedback and the instructor's signature. The institution was also directed to provide evidence that qualified substitute teachers are available including the names of the two potential substitutes noted in its policy as well as documentation of each substitute's appropriate educational background, resume, and a signed agreement. In its response, the institution provided substitute instructor agreements as well as three classroom observations. However, the Commission noted that one of the observation forms provided was dated October 16, 2013, but signed by the instructor June 24, 2014. The other two forms, completed in the requested timeframe, did not demonstrate constructive feedback, as there were no narrative comments noted on either form. Therefore, the institution failed to demonstrate that effective

implementation and observable results relative to supervision of instruction which can only be evidenced in practice over time.

8. Standard VI-C: Instructor Orientation and Training

The institution failed to demonstrate that it had developed and implemented a policy for the effective orientation and training of instructional personnel to ensure a consistent, high level of instruction, nor has it demonstrated that ongoing professional development of instructional personnel is systematically implemented, monitored, and documented.

The institution was required to provide completed copies of all New Hire Employee Checklists for all faculty employed since the team visit. Additionally, the institution was to provide a policy for in-service training as well as documentation that this activity has taken place on a regular and consistent basis. Further, proof of attendance of all faculty who attended cyber security training conferences in the last 12 months was to be provided.

The institution indicated in its response that no new employees have been hired since the team visit and therefore no New Hire Employee Checklist could be completed. Instead, the institution provided a completed Document 6 – Faculty and Administrative Staff Personnel Form for an existing employee. However, the institution provided no evidence of faculty attendance at annual cybersecurity training conferences. The institution did provide minutes of two, one-hour faculty meetings (held August 1, 2013, and February 17, 2014) with no in-service training indicated on either agenda. Finally, the institution provided evidence of only two instructors completing Security University courses, which are required by the institution's policy. Therefore, the institution failed to demonstrate that its orientation and training is systematically implemented and documented as required by this standard.

9. Standard VII-A: Recruitment

The institution failed to demonstrate that informational and promotional materials, advertising, and representations made by or on behalf of the institution for recruiting purposes make only justifiable and provable claims regarding the courses, programs, costs, outcomes, and other benefits.

The institution was directed to provide evidence of a revised website and brochure demonstrating only approved program listings and removing all references to master and graduate certificates. Further, the institution was to either remove its claim of 98% success/pass rate or provide concrete evidence that supports that claim.

The institution's interim report indicated that it has updated its promotional materials; however, the institution still advertises unapproved course bundles as listed in the updated current catalog, brochure & website, as noted under Standard II-A. Governance. While the institution changed "Master Certificate" to "Mastery Certificate" on its website and in its student handbook, the

institution's staff handbook still indicated Master Certification (page 11) and Master Certificate (page 38). Further, the institution did not remove reference to "Graduate Certificate" as the website still includes a "Graduate Certificate" tab. Additionally, the institution's website still includes "Instructor Led e-study" on the course listing for 2014, which implies Interactive Distance Learning modalities, for which the institution is not approved to offer.

Further, the institution's response included exhibits that were corrupt and therefore could not validate the institution's published claim of "98% Student Success Rate." This claim does not indicate what the success rate means or how it is calculated (e.g., pass rates on specific certification exam, course/program completion, or verified employment). Nor does it provide a timeframe for which this data was collected. Therefore, the institution failed to demonstrate that its recruitment and promotional materials make only justifiable and provable claims as required by this standard.

10. Standard VII-B: Enrollment

The institution failed to demonstrate that its written policy for enrollment is clearly stated, defined, and in compliance with statutory, regulatory, and accreditation requirements; 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; and that the enrollment process is preplanned, effective, and regularly monitored by the institution to ensure its integrity.

The institution was required to provide a narrative update on the issue of enrollment to including: a) clarity regarding which programs require background checks; b) demonstrated consistency between the advertised admissions and that which is stated in the staff handbook; c) policies and procedures to guide the analysis and tracking of prerequisites requirements for each class; d) revised course syllabi to demonstrate clear and specific prerequisite for each course; and e) evidence by way of five student files or a class spreadsheet demonstrating that all students completed the prerequisites before starting class.

The institution failed to provide a revised enrollment policy. Instead, the institution provided a document that indicates that "all SU enrollees have already obtained a vocational certificate in IT;" however, the institution did not clearly define what type of IT vocational certificate is required, nor did it provide any evidence that the institution tracks or maintains the records document this requirement. Additionally, the Commission noted that not all courses require prior experience in the IT field as the Syllabus for the Qualified Awareness Professional course indicated that no prerequisites are required. The institution further indicated that it will collect and analyze data on an annual basis to demonstrate the consistent tracking of pre-requisite requirements for enrollment. The auditing of course prerequisites, however, must be completed at the time of enrollment to ensure that students have met those requirements before they are allowed to enroll. Therefore, the institution failed to demonstrate systematic and effective tracking and monitoring of prerequisites to demonstrate an effective enrollment policy as required by this standard.

11. Standard VII-B: Attendance

The institution failed to demonstrate that it establishes and implements written policies and procedures for monitoring and documenting attendance, and that the attendance policy is effective in ensuring that student participation and preparation are consistent with the expected performance outcomes of the course or program.

The institution was directed to provide a revised attendance policy consistent across all programs and in all publications, which mirrors the requirements of its Satisfactory Academic Progress policy. Further, an internal policy was required to address the party responsible for tracking attendance, the consequences for not meeting the attendance requirements, and the process for analyzing attendance percentages for the purpose of meeting completion requirements. The institution was also to provide all attendance sign-in sheets for the courses completed or in session from the time period January 1 – May 31, 2014, to accompany all attendance percentage assessments/analyses completed to determine if a student has met the institution's attendance requirements for completion.

The institution provided an updated policy and procedure as published in the student and staff handbook, however, these policies are inconsistent and lack evidence that attendance requirements are strictly monitored for determining completion. The attendance policy in the student handbook requires 95% attendance, while the attendance policy in the staff handbook requires both 90% attendance (page 6) and 95% attendance unless there are "extenuating circumstances" (page 36). There is no mention of "extenuating circumstances" in the student handbook, nor are these circumstance defined in the faculty policy. Additionally, the staff handbook indicates that a student arriving greater than 3 hours late will be considered absent, yet the student handbook states that, "if an attendee is 2 hours late they will not receive a participation certificate." In either circumstance, the late arrival policy is not educationally sound as a student would be allowed to miss up to two hours of class with no consequence. While the institution provided daily attendance sheets/rosters, no total attendance percentages for students were included, nor was there any evidence provided to determine whether the students listed completed the courses. Therefore, the institution failed to demonstrate that it systematically and effectively monitors and documents attendance which can only be evidenced in practice over time as required by this standard.

12. Standard VIII-E: Completion and Placement

The institution failed to demonstrate that written policies and procedures are followed that provide an effective means to regularly assess, document, and validate the quality of the education and training services provided relative to completion rates.

The institution was required to provide a completion policy and procedure that: a) defines the requirements for completion of each program/course; b) describes the process for determining which students are completers (to include responsible party, timeframes, and record of evaluation); c) the method of faculty oversight to ensure consistent attendance and assessment

sign offs; and d) the method for calculating completion rates for all programs. Additionally, the institution was required to provide completion rates for all programs for calendar year 2013 and January 1 – May 31, 2014 to include all students enrolled using the method described in its revised policy to demonstrate systematic and effective implementation. The institution's completion tracking spreadsheet was to include headers on all columns, be sortable by program or course enrolled, include attendance percentages and final test scores, and calculate completion rates based on graduation requirements.

The institution provided an updated policy and procedure indicating that completers are those that meet the requirements outlined in the syllabus, but the institution failed to provide a specific academic assessment requirement as the policy does not outline the process to ensure consistent assessment sign-offs by an instructor as requested in the previous Commission Action Letter. The institution's catalog indicates that "Student Standards for Completion Progress" required a formal evaluation completed at the end of every class whether the attendee passes or fails the exam, and that a minimum passing exam grade of 70% is required (page 143). However, these requirements are not formalized in the student or staff handbook, there is not policy to guide the implementation of tracking or analysis of these results. Further, the institution failed to demonstrate the method for calculating completion rates for all programs that includes definitions of what constitutes a "start" and "rescheduler" as well as a narrative description of the numerator and denominator used to calculate its completion percentage. Additionally, the attachment provided to support the institution's completion rate, titled Student Attendance, was corrupt, and therefore could not be reviewed to substantiate the institution's claimed completion rate. Additionally, the institution's student handbook (page 13) indicates that, "*SU does not provide job placement services nor is required to do so as a vocational school,*" further confusing the issues of the institution's vocational status. Therefore, the institution failed to demonstrate that it regularly assesses, documents, and validates the quality of the education and training services provided relative to completion rates, as required by this standard.

Since denial of reaccreditation 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.

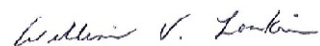
If the institution wishes to appeal the decision, the Commission must receive written notification no later than fifteen (15) calendar days from receipt of this letter, in addition to a certified or cashier's check in the amount of \$8,500.00, payable to ACCET, for an appeals hearing. This notification must be accompanied by an affidavit signed by an authorized representative of the institution indicating that a Notice of Status of Accreditation notifying interested parties of the Commission's adverse action has been disseminated to new enrollees and posted in conspicuous places at the institution to include, at minimum, the admissions office and student lounge or comparable location. In addition, the institution must submit a written teach-out plan that is in accordance with ACCET Document 32 – Teach-Out/Closure Policy.

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.

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.

Sincerely,



William V. Larkin, Ed.D.
Executive Director

WVL/lao

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