

Certificación Núm. 113

Año Académico 2023-2024

UNIVERSIDAD DE PUERTO RICO
RECINTO DE RÍO PIEDRAS



Senado Académico
Secretaría

Yo, *Beatriz Rivera-Cruz*, Secretaria del Senado Académico del Recinto de Río Piedras, Universidad de Puerto Rico, **CERTIFICO QUE:**

En la continuación de la reunión extraordinaria¹ celebrada el 7 de mayo de 2024, se acordó por consentimiento unánime:

- Dar por recibido el **Informe de Progreso SELF STUDY REPORT – MSCHE** (Middle States Commission on Higher Education), el cual forma parte de esta Certificación.
- Celebrar una Reunión Extraordinaria el jueves, 22 de agosto de 2024, para considerar la versión final del **SELF STUDY REPORT - MSCHE**.

Y para que así conste, expido la presente Certificación bajo el sello de la Universidad de Puerto Rico, Recinto de Río Piedras, a los nueve días del mes de mayo del año dos mil veinticuatro.

Beatriz Rivera-Cruz, Ph.D.
Secretaria del Senado

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Certifico correcto:

Angélica Varela Llavóna, Ph.D.
Rectora

Anejo



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¹Continuación de la Reunión Extraordinaria celebrada el 2 de mayo de 2024, según consignado en la Certificación Núm. 112, Año Académico 2023-2024, Senado Académico.



Self-Study Report
Academic Senate
Progress Report Date: May 2, 2024
UNIVERSITY OF PUERTO RICO
RIO PIEDRAS CAMPUS
Self-Study Evaluation Team Visit: 2025

Institutional Profile:

CEO: Dr. Angelica Varela-Llavona, Chancellor
Accreditation Liaison Officer: Dr. Aida Jimenez
Commission Staff Liaison: Dr. Melissa Hardin, Vice President
Carnegie Classification: Doctoral Universities: High Research Activity » Four-year, large, primarily nonresidential
Control: Public
Former Name(s): UPR-Rio Piedras Campus (8/18/2021)
Phase: Accredited
Status: Accreditation Reaffirmed
Accreditation Granted: 1946
Last Reaffirmation: 2019
Next Self-Study Evaluation: 2024-2025

INTRODUCTION:

Every eight (8) years, institutions accredited by MSCHE engage in a self-study, produce a self-study report, and are reviewed by peer evaluators during a culminating site visit. In April 2022, the UPR-Rio Piedras Campus (UPR-RP) took the first steps towards this process as its Chancellor designated the Office of the Dean of Academic Affairs as the unit that would be responsible for coordinating the inclusive and participatory working structures needed to execute actions for reaccreditation.

The ultimate goal of the Self-Study is for UPR-RP to engage in the critical assessment of how, in the meeting of its mission, it is also in compliance with MSCHE requirements of affiliation (ROA) and the criteria of each of its seven standards' (ST) (13th Ed.). Accordingly, the self-study embraces the theme, "Commitment to Institutional Excellence and Empowerment for Continuous Improvement." A draft of the **self-study design** (SSD) was developed and discussed with Dr. Melissa Harding, Vice-president of MSCHE during her visit to the campus in April 2023. Her feedback and suggestions resulted in a final version of the SSD submitted to MSCHE on May 2023 for its approval. UPR-RP received notification of a final approval of the SSD in August 2023.

A. PROGRESS REPORT

The SSD explains how the Executive Committee, Self-Study Steering Committee, and Working Groups for each of the standards were constituted. Since January 2023 non-teaching staff, faculty, and student representatives from a variety of administrative units, colleges, and schools on our campus have been

working on a voluntary basis as members of these structures. Approximately 50 faculty personnel, non-teaching staff, and students have served as members of working groups that have collected evidence of institutional compliance with ROA and ST, as well as created the drafts of documents upon which the final report's chapters will be based. As of today, many others have also participated by commenting on chapters' drafts, interviews, and serving on satellite and liaison committees that are active in addressing "gaps" and "opportunities for ongoing improvement."

The Self-Study Report (SSR) is a dynamic document; a work in progress that is under ongoing revisions, some more significant than others. All evidence is organized following a normalized system aligned with MSCHE's requested format, by means of a ONE COMPREHENSIVE EVIDENCE INVENTORY. Since last December 2023, drafts of chapters have undergone several rounds of discussion and substantial revisions. The WG's chairs and co-chairs have met together three times since February 2024 to engage in discussions that have facilitated the identification of synergies and commonalities on themes and topics, as well to generate a narrative for the Self-Study as a comprehensive diagnostic document. On June 2024, the editorial team, composed of Don Walicek, CH Rivera, Juanita Rodríguez, and M. González, as well as WG 8, Evidence Inventory Team, will be working on fine-tuning and the construction of an integrative narrative. This should result in a revised draft of the SSR that will be published next June 30, 2024 on the campus website. The revised draft will be the version that is open for comments, queries, adjustments, corrections, and recommendations for a period of 45 days. This input will assist in adjusting the scope and focus of the report and ensuring that it addresses not only the ROA and standards, but also the concerns and opinions of the campus community.

No later than August 30, 2024 a final version of the SSR will be submitted to UPR-RP Chancellor, Dr. Angelica Varela. Subsequent revisions are likely to take place thereafter. These will reflect commentary and feedback after document is shared with the UPR Governing Board and with the Team Leader of the Visit Team designated by MSCHE, Dr. Ben Vison III, President of Howard University. The final version of the SSR and all evidence included in the Evidence Inventory will be uploaded to the MSCHE digital platform 6 weeks prior to the site visit, which is scheduled for April 2025.

B. SSR NARRATIVE STRUCTURE

As stated above, the Self-Study Report embraces the theme "Commitment to Institutional Excellence and Empowerment for Continuous Improvement" in conjunction with the roadmap developed for the reaffirmation of institutional accreditation.

Regarding specifics of design, the Self-Study Report follows the "Standard Based Approach." It is organized by standards with the mission and goals, as represented by the four institutional priority areas of the UPR-RP Strategic Plan, Commitment 2018-2023, integrated within the standards, where appropriate. The Self-Study Report consists of an introduction, seven chapters, a conclusion, and an evidence inventory. It should be read alongside a separate document that contains its appendices. The responsibilities of the organizational structure, including the executive committee, steering committee, and working groups (organized by standard), institutional accreditation coordinator, accreditation liaison officer

(ALO), and the chair and co-chair of each group, are described in the introduction. The guidelines for reporting, a timetable, a communication plan, as well as the evidence inventory strategies are also presented.

The SSR includes the discussions and a list of findings and next steps for each of the 7 standards and the alignment with the Requirements of Affiliation. The SSR, which is based largely on the work of the seven WG's, will present commitment to and compliance with 15 ROA as well as the criteria for each of the seven standards (45 criteria in total).

Findings and next steps are different categories of suggestions related to institutional improvement. Findings relate to insights that were not easily identified prior to the self-study process. They represent actions that result from day-to-day aspects of institutional life, and many of them relate to existing initiatives. Next steps are suggestions that the Self-Study Steering Committee has identified as deserving of emphasis. They are not necessarily linked to existing initiatives and should be considered in the development of the campus's next strategic plan, and their implementation should be monitored in institutional assessment. If necessary, recommendations can also be included; however, these usually signal challenges related to basic compliance with the MSCHE standards or ROA.

The SSR is a concise document and shorter than in previous years. It cannot exceed 100 pages. The final report is likely to be divided as follows:

Standard I: Mission & Goals: 5-8 pages

Standard II: Ethics & Integrity: 10-15 pages

Standard III: Design & Delivery of the Student Learning Experience: 20-25 pages

Standard IV: Student Support Services: 15-20 pages

Standard V: Educational Effectiveness Assessment: 10-15 pages

Standard VI: Planning, Resources, & Institutional Improvement: 15-20 pages

Standard VII: Governance, Leadership, & Administration: 10-15 pages

The WGs recognize that the SSR should inform the works of the working team that is developing the strategic plan for the period 2024-2029 and information about its development will be added as that work progresses. In addition, special attention will be given to the impact that the approval of a new budgeting model for the UPR System will have on UPR-RP compliance with Standard VI, part of which concerns finances and budget.

C. MSCHE Requirements of Affiliation and Standards (as stated by MSCHE Guide 13th edition)

Requirements of Affiliation

To be eligible for, to achieve, **and to maintain Middle States Commission on Higher Education accreditation**, an institution **must demonstrate that it fully meets the following Requirements of Affiliation**. Compliance is expected to be **continuous** and will be **validated periodically**, typically at the time of institutional self-study and during any other evaluation of the institution's compliance. Once eligibility is established, an institution then must demonstrate on an ongoing basis that it meets the Standards for Accreditation.

1. The institution is **authorized or licensed to operate as a postsecondary educational institution and to award postsecondary degrees**; it provides written documentation demonstrating both. Authorization or licensure is from an appropriate governmental organization or agency within the Middle States region (Delaware, the District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Puerto Rico, and the U.S. Virgin Islands), as well as by other agencies as required by each of the jurisdictions, regions, or countries in which the institution operates. Institutions that offer only postsecondary certificates, diplomas, or licenses are not eligible for accreditation by the Middle States Commission on Higher Education.
2. The institution is **operational, with students actively enrolled in its degree programs**.
3. For institutions pursuing Candidacy or Initial Accreditation, the institution will graduate at least one class before the evaluation team visit for initial accreditation takes place, unless the institution can demonstrate to the satisfaction of the Commission that the lack of graduates does not compromise its ability to demonstrate that students have achieved appropriate learning outcomes.
4. The **institution's representatives communicate** with the Commission in **English**, both **orally** and in **writing**.
5. The **institution complies with all applicable government** (usually Federal and state) **laws and regulations**.
6. The institution complies with **applicable Commission**, interregional, and inter-**institutional policies**. These policies can be viewed on the Commission website, msche.org/policies.
7. The institution has a **mission statement and related goals, approved by its governing board**, that defines its purposes within the context of higher education.
8. The **institution systematically evaluates its educational and other programs and makes public how well and in what ways it is accomplishing its purposes**.
9. The **institution's student learning programs and opportunities are characterized by rigor, coherence, and appropriate assessment of student achievement throughout the educational offerings**, regardless of certificate or degree level or delivery and instructional modality.
10. **Institutional planning integrates goals for academic and institutional effectiveness** and improvement, student achievement of educational goals, student learning, and the results of academic and institutional assessments.
11. **The institution has documented financial resources, funding base, and plans for financial development**, including those from any related entities (including without limitation systems, religious sponsorship, and corporate ownership) **adequate to support its educational purposes and programs and to ensure financial stability. The institution demonstrates a record of responsible fiscal**

management, has a prepared budget for the current year, and undergoes an external financial audit on an annual basis.

12. **The institution fully discloses its legally constituted governance structure(s)** including any related entities (including without limitation systems, religious sponsorship, and corporate ownership). The institution’s governing body is responsible for the quality and integrity of the institution and for ensuring that the institution’s mission is being accomplished.
13. **A majority of the institution’s governing body’s members have no employment, family, ownership, or other personal financial interest in the institution.** The governing body adheres to a conflict of interest policy that assures that those interests are disclosed and that they do not interfere with the impartiality of governing body members or outweigh the greater duty to secure and ensure the academic and fiscal integrity of the institution. The institution’s district/system or other chief executive officer shall not serve as the chair of the governing body.
14. **The institution and its governing body/bodies make freely available to the Commission accurate, fair, and complete information on all aspects of the institution and its operations.** The governing body/bodies ensure that the institution describes itself in comparable and consistent terms to all of its accrediting and regulatory agencies, communicates any changes in accredited status, and agrees to disclose information (including levels of governing body compensation, if any) required by the Commission to carry out its accrediting responsibilities.
15. **The institution has a core of faculty (full-time or part-time) and/or other appropriate professionals with sufficient responsibility to the institution to assure the continuity and coherence of the institution’s educational programs.**

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Standards

Standard I

Mission and Goals

The institution’s mission defines its purpose within the context of higher education, the students it serves, and what it intends to accomplish. The institution’s stated goals are clearly linked to its mission and specify how the institution fulfills its mission.

Criteria

An accredited institution possesses and demonstrates the following attributes or activities:

1. clearly defined mission and goals that:

- a. are developed through appropriate collaborative participation by all who facilitate or are otherwise responsible for institutional development and improvement;
 - b. address external as well as internal contexts and constituencies;
 - c. are approved and supported by the governing body;
 - d. guide faculty, administration, staff, and governing structures in making decisions related to planning, resource allocation, program and curricular development, and the definition of institutional and educational outcomes;
 - e. include support of scholarly inquiry and creative activity, at levels and of the type appropriate to the institution;
 - f. are publicized and widely known by the institution's internal stakeholders;
 - g. are periodically evaluated;
2. institutional goals that are realistic, appropriate to higher education, and consistent with mission;
 3. goals that focus on student learning and related outcomes and on institutional improvement; are supported by administrative, educational, and student support programs and services; and are consistent with institutional mission; and
 4. periodic assessment of mission and goals to ensure they are relevant and achievable.

Standard II

Ethics and Integrity

Ethics and integrity are central, indispensable, and defining hallmarks of effective higher education institutions. In all activities, whether internal or external, an institution must be faithful to its mission, honor its contracts and commitments, adhere to its policies, and represent itself truthfully.

Criteria

An accredited institution possesses and demonstrates the following attributes or activities:

1. a commitment to academic freedom, intellectual freedom, freedom of expression, and respect for intellectual property rights;
2. a climate that fosters respect among students, faculty, staff, and administration from a range of diverse backgrounds, ideas, and perspectives;
3. a grievance policy that is documented and disseminated to address complaints or grievances raised by students, faculty, or staff. The institution's policies and procedures are fair and impartial, and assure that grievances are addressed promptly, appropriately, and equitably;

4. the avoidance of conflict of interest or the appearance of such conflict in all activities and among all constituents;
5. fair and impartial practices in the hiring, evaluation, promotion, discipline, and separation of employees;
6. honesty and truthfulness in public relations announcements, advertisements, recruiting and admissions materials and practices, as well as in internal communications;
7. as appropriate to its mission, services or programs in place:
 - a. to promote affordability and accessibility;
 - b. to enable students to understand funding sources and options, value received for cost, and methods to make informed decisions about incurring debt;
8. compliance with all applicable federal, state, and Commission reporting policies, regulations, and requirements to include reporting regarding:
 - a. the full disclosure of information on institution-wide assessments, graduation, retention, certification and licensure or licensing board pass rates;
 - b. the institution's compliance with the Commission's Requirements of Affiliation;
 - c. substantive changes affecting institutional mission, goals, programs, operations, sites, and other material issues which must be disclosed in a timely and accurate fashion;
 - d. the institution's compliance with the Commission's policies; and
9. periodic assessment of ethics and integrity as evidenced in institutional policies, processes, practices, and the manner in which these are implemented.

Standard III

Design and Delivery of the Student Learning Experience

An institution provides students with learning experiences that are characterized by rigor and coherence at all program, certificate, and degree levels, regardless of instructional modality. All learning experiences, regardless of modality, program pace/schedule, level, and setting are consistent with higher education expectations.

Criteria

An accredited institution possesses and demonstrates the following attributes or activities:

1. certificate, undergraduate, graduate, and/or professional programs leading to a degree or other recognized higher education credential, of a length appropriate to the objectives of the degree or other credential, designed to foster a coherent student learning experience and to promote synthesis of learning;

2. student learning experiences that are designed, delivered, and assessed by faculty (full-time or part-time) and/or other appropriate professionals who are:
 - a. rigorous and effective in teaching, assessment of student learning, scholarly inquiry, and service, as appropriate to the institution's mission, goals, and policies;
 - b. qualified for the positions they hold and the work they do;
 - c. sufficient in number;
 - d. provided with and utilize sufficient opportunities, resources, and support for professional growth and innovation;
 - e. reviewed regularly and equitably based on written, disseminated, clear, and fair criteria, expectations, policies, and procedures;
3. academic programs of study that are clearly and accurately described in official publications of the institution in a way that students are able to understand and follow degree and program requirements and expected time to completion;
4. sufficient learning opportunities and resources to support both the institution's programs of study and students' academic progress;
5. at institutions that offer undergraduate education, a general education program, free standing or integrated into academic disciplines, that:
 - a. offers a sufficient scope to draw students into new areas of intellectual experience, expanding their cultural and global awareness and cultural sensitivity, and preparing them to make well-reasoned judgments outside as well as within their academic field;
 - b. offers a curriculum designed so that students acquire and demonstrate essential skills including at least oral and written communication, scientific and quantitative reasoning, critical analysis and reasoning, technological competency, and information literacy. Consistent with mission, the general education program also includes the study of values, ethics, and diverse perspectives; and
 - c. in non-US institutions that do not include general education, provides evidence that students can demonstrate general education skills;
6. in institutions that offer graduate and professional education, opportunities for the development of research, scholarship, and independent thinking, provided by faculty and/or other professionals with credentials appropriate to graduate-level curricula;
7. adequate and appropriate institutional review and approval on any student learning opportunities designed, delivered, or assessed by third-party providers; and
8. periodic assessment of the effectiveness of programs providing student learning opportunities.

Standard IV

Support of the Student Experience

Across all educational experiences, settings, levels, and instructional modalities, the institution recruits and admits students whose interests, abilities, experiences, and goals are congruent with its mission and educational offerings. The institution commits to student retention, persistence, completion, and success through a coherent and effective support system sustained by qualified professionals, which enhances the quality of the learning environment, contributes to the educational experience, and fosters student success.

Criteria

An accredited institution possesses and demonstrates the following attributes or activities:

1. clearly stated, ethical policies and processes to admit, retain, and facilitate the success of students whose interests, abilities, experiences, and goals provide a reasonable expectation for success and are compatible with institutional mission, including:
 - a. accurate and comprehensive information regarding expenses, financial aid, scholarships, grants, loans, repayment, and refunds;
 - b. a process by which students who are not adequately prepared for study at the level for which they have been admitted are identified, placed, and supported in attaining appropriate educational goals;
 - c. orientation, advisement, and counseling programs to enhance retention and guide students throughout their educational experience;
 - d. processes designed to enhance the successful achievement of students' educational goals including certificate and degree completion, transfer to other institutions, and post-completion placement;
2. policies and procedures regarding evaluation and acceptance of transfer credits, and credits awarded through experiential learning, prior non-academic learning, competency-based assessment, and other alternative learning approaches;
3. policies and procedures for the safe and secure maintenance and appropriate release of student information and records;
4. if offered, athletic, student life, and other extracurricular activities that are regulated by the same academic, fiscal, and administrative principles and procedures that govern all other programs;
5. if applicable, adequate and appropriate institutional review and approval of student support services designed, delivered, or assessed by third-party providers; and
6. periodic assessment of the effectiveness of programs supporting the student experience.

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Standard V

Educational Effectiveness Assessment

Assessment of student learning and achievement demonstrates that the institution's students have accomplished educational goals consistent with their program of study, degree level, the institution's mission, and appropriate expectations for institutions of higher education.

Criteria

An accredited institution possesses and demonstrates the following attributes or activities:

1. clearly stated educational goals at the institution and degree/program levels, which are interrelated with one another, with relevant educational experiences, and with the institution's mission;
2. organized and systematic assessments, conducted by faculty and/or appropriate professionals, evaluating the extent of student achievement of institutional and degree/program goals. Institutions should:
 - a. define meaningful curricular goals with defensible standards for evaluating whether students are achieving those goals;
 - b. articulate how they prepare students in a manner consistent with their mission for successful careers, meaningful lives, and, where appropriate, further education. They should collect and provide data on the extent to which they are meeting these goals;
 - c. support and sustain assessment of student achievement and communicate the results of this assessment to stakeholders;
3. consideration and use of assessment results for the improvement of educational effectiveness. Consistent with the institution's mission, such uses include some combination of the following:
 - a. assisting students in improving their learning;
 - b. improving pedagogy and curriculum;
 - c. reviewing and revising academic programs and support services;
 - d. planning, conducting, and supporting a range of professional development activities;
 - e. planning and budgeting for the provision of academic programs and services;
 - f. informing appropriate constituents about the institution and its programs;
 - g. improving key indicators of student success, such as retention, graduation, transfer, and placement rates;
 - h. implementing other processes and procedures designed to improve educational programs and services;
4. if applicable, adequate and appropriate institutional review and approval of assessment services designed, delivered, or assessed by third-party providers; and
5. periodic assessment of the effectiveness of assessment processes utilized by the institution for the improvement of educational effectiveness.

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Standard VI

Planning, Resources, and Institutional Improvement

The institution's planning processes, resources, and structures are aligned with each other and are sufficient to fulfill its mission and goals, to continuously assess and improve its programs and services, and to respond effectively to opportunities and challenges.

Criteria

An accredited institution possesses and demonstrates the following attributes or activities:

1. institutional objectives, both institution wide and for individual units, that are clearly stated, assessed appropriately, linked to mission and goal achievement, reflect conclusions drawn from assessment results, and are used for planning and resource allocation;
2. clearly documented and communicated planning and improvement processes that provide for constituent participation, and incorporate the use of assessment results;
3. a financial planning and budgeting process that is aligned with the institution's mission and goals, evidence-based, and clearly linked to the institution's and units' strategic plans/objectives;
4. fiscal and human resources as well as the physical and technical infrastructure adequate to support its operations wherever and however programs are delivered;
5. well-defined decision-making processes and clear assignment of responsibility and accountability;
6. comprehensive planning for facilities, infrastructure, and technology that includes consideration of sustainability and deferred maintenance and is linked to the institution's strategic and financial planning processes;
7. an annual independent audit confirming financial viability with evidence of followup on any concerns cited in the audit's accompanying management letter;
8. strategies to measure and assess the adequacy and efficient utilization of institutional resources required to support the institution's mission and goals; and
9. periodic assessment of the effectiveness of planning, resource allocation, institutional renewal processes, and availability of resources.

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Standard VII

Governance, Leadership, and Administration

The institution is governed and administered in a manner that allows it to realize its stated mission and goals in a way that effectively benefits the institution, its students, and the other constituencies it serves. Even when supported by or affiliated with governmental, corporate, religious, educational system, or other unaccredited organizations, the institution has education as its primary purpose, and it operates as an academic institution with appropriate autonomy.

Criteria

An accredited institution possesses and demonstrates the following attributes or activities:

1. a clearly articulated and transparent governance structure that outlines roles, responsibilities, and accountability for decision making by each constituency, including governing body, administration, faculty, staff and students;
2. a legally constituted governing body that:
 - a. serves the public interest, ensures that the institution clearly states and fulfills its mission and goals, has fiduciary responsibility for the institution, and is ultimately accountable for the academic quality, planning, and fiscal well-being of the institution;
 - b. has sufficient independence and expertise to ensure the integrity of the institution. Members must have primary responsibility to the accredited institution and not allow political, financial, or other influences to interfere with their governing responsibilities;
 - c. ensures that neither the governing body nor its individual members interferes in the day-to-day operations of the institution;
 - d. oversees at the policy level the quality of teaching and learning, the approval of degree programs and the awarding of degrees, the establishment of personnel policies and procedures, the approval of policies and by-laws, and the assurance of strong fiscal management;
 - e. plays a basic policy-making role in financial affairs to ensure integrity and strong financial management. This may include a timely review of audited financial statements and/or other documents related to the fiscal viability of the institution;
 - f. appoints and regularly evaluates the performance of the Chief Executive Officer;
 - g. is informed in all its operations by principles of good practice in board governance;
 - h. establishes and complies with a written conflict of interest policy designed to ensure the impartiality of the governing body by addressing matters such as payment for services, contractual relationships, employment, and family, financial or other interests that could pose or be perceived as conflicts of interest;
 - i. supports the Chief Executive Officer in maintaining the autonomy of the institution;
3. a Chief Executive Officer who:
 - a. is appointed by, evaluated by, and reports to the governing body and shall not chair the governing body;

- b. has appropriate credentials and professional experience consistent with the mission of the organization;
- c. has the authority and autonomy required to fulfill the responsibilities of the position, including developing and implementing institutional plans, staffing the organization, identifying and allocating resources, and directing the institution toward attaining the goals and objectives set forth in its mission;
- d. has the assistance of qualified administrators, sufficient in number, to enable the Chief Executive Officer to discharge his/her duties effectively; and is responsible for establishing procedures for assessing the organization's efficiency and effectiveness;
- 4. an administration possessing or demonstrating:
 - a. an organizational structure that is clearly documented and that clearly defines reporting relationships;
 - b. an appropriate size and with relevant experience to assist the Chief Executive Officer in fulfilling his/her roles and responsibilities;
 - c. members with credentials and professional experience consistent with the mission of the organization and their functional roles;
 - d. skills, time, assistance, technology, and information systems expertise required to perform their duties;
 - e. regular engagement with faculty and students in advancing the institution's goals and objectives;
 - f. systematic procedures for evaluating administrative units and for using assessment data to enhance operations; and
- 5. periodic assessment of the effectiveness of governance, leadership, and administration.

D. EVIDENCE INVENTORY

Evidence should guide UPR-RP Campus self-reflective accreditation process to demonstrate both, how its mission is met and how all of its constituents are effectively served. This aligns with MSCHE's commitment to data and evidence-based decision-making. Evidence is comprised of documents, policies, procedures and/or processes. Some of the data comes from the Integrated Postsecondary Data System (IPEDS) as it is reported by UPR RP Campus on the Annual Institutional Update. Also, MSCHE requires the use of an Evidence Inventory, a tool that is part of the secure MSCHE portal that compiles evidence that documents compliance with the Commission's standards for accreditation, ROA, policies and procedures, and applicable federal regulatory requirements. As described in the [UP-RP Campus SSD](#) (pages 65-85) the design and management of the Evidence Inventory falls under a separate Working Group 8, composed of Mrs. Sandra Flores (DIIA), Mrs. Adria Bermúdez (DAA), and Prof. Jan Flores (DIIA). The WG has created an institutional Share Drive Repository (ISDR) with templates for collecting, analyzing, and reporting evidence. At the present time Working Groups members are expected to evaluate the best available evidence to support institutional compliance and continuous improvement. WG 8 and the editorial team will review contents of all WG's files to collaborate and reduce duplication of efforts in the process of presenting evidence.

E. COMMUNICATION PLAN

The SSD (pages 58-59) includes a Communication Plan aimed to keep the university community and related stakeholders well-informed of the UPR-RP affirmation of the accreditation process. This plan also encourages all constituent's awareness and participation in the process, as well as to receive their feedback throughout the self-study process. Some of the strategies are:

-A team is currently developing action plans to support ongoing strategic communication.

-At the present time the main communication tools are the UPR DAA website for MSCHE Reaffirmation of Accreditation, official letters and informative emails.

-A timeline of actions is displayed at <https://academicos.uprrp.edu/msche-selfstudy/timeline/>

F. ADDITIONAL CONSIDERATIONS:

The Middle States Commission on Higher Education (MSCHE) is a global institutional accreditor, recognized by the United States Department of Education (USDE) to conduct accreditation and pre-accreditation (candidacy status) activities for institutions of higher education, including distance education and correspondence education programs offered at those institutions, throughout the United States. USDE recognizes accrediting agencies deemed authorities on the quality of higher education. Under the Higher Education Act's (HEA's) federal student aid programs, accrediting agencies recognized by the United States Department of Education must meet the Department's regulatory criteria. MSCHE is a Title IV gatekeeper and is a link to federal programs, and institutions access Title IV through MSCHE accreditation.

MSCHE Accreditation Actions and Procedures:

1. Reaffirmation Actions
2. Non-Compliance Actions
3. Adverse Actions

Respectfully submitted by MG. 04/29/2024

