LARKIN UNIVERSITY ADMINISTRATIVE POLICY MANUAL

I. ADMINISTRATIVE POLICIES

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Emergency and Critical Incident Policy and Procedure

PURPOSE

Emergencies and critical incidents in the workplace can affect people physically and psychologically, and affect program continuity of Larkin University. The purpose of this policy is to ensure Larkin University prepares for and effectively responds to emergency situations and critical incidents through the appropriate use of resources. The prevention and effective management of emergency situations and critical incidents can assist to minimize the negative impact of an unexpected event.

A. Larkin University shall conduct continuous planning to minimize the risk of personal injury and property loss from critical incidents; shall cooperate with public bodies and agencies charged with disaster control; and shall take necessary and prudent steps to assure continuity of operations and restoration of normal activities as quickly as possible following an emergency or a disaster. Questions or comments about this plan shall be directed to Facilities Management.

B. Larkin University is committed to supporting the welfare of its students, faculty, staff, and visitors. Preparing Emergency and Critical Incident policies and procedures and allocating resources to respond to possible emergencies is one way in which the University offers this support. University policies are fashioned in accordance with appropriate laws, regulations, and policies that govern crisis/emergency preparedness, and reflects the best and most current thinking in this area.

C. Larkin University Emergency and Critical Incident policies and procedures are designed to maximize human survival and preservation of property; minimize danger; restore normal operations of the University; and assure responsive communications with the University, surrounding neighborhoods, and cities. This plan is set in operation whenever a natural or induced crisis affecting the University reaches proportions that cannot be handled by established measures. A crisis may be sudden and unforeseen, or there may be varying periods of warning. This policy is intended to be sufficiently flexible to accommodate contingencies of all types, magnitudes, and duration.

D. Larkin University Emergency and Critical Incident policies and procedures provide for aiding the local communities when appropriate, though the prime responsibility of the plan is to the University community for which it is designed. The intent is for the plan to be viewed as a tool to accomplish the above-stated purpose with a minimum of confusion and wasted effort.
SCOPE

This policy applies to all faculty and staff, Board members, students, interns and volunteers

DEFINITIONS

An emergency is an unplanned or imminent event that affects or threatens the health, safety or welfare of people, property and infrastructure, and which requires a significant and coordinated response. The defining characteristic of an emergency event or situation is that usual resources are overwhelmed or have the potential to be overwhelmed. Emergencies may be a specific event with a clear beginning, end and recovery process, or a situation that develops over time and where the implications are gradual rather than immediate.

Emergency management is the coordination of an emergency response and management of recovery. The aim of emergency management is to minimize physical and psychological impacts on all parties and to minimize damage to assets, operations, reputation and staff productivity.

A critical incident is an unexpected traumatic event, involving personal or professional threat, which evokes extreme stress, fear or injury. Providing appropriate supports following a critical incident is part of emergency management.

State of emergency: This situation exists when a critical incident has resulted in substantial disruption of University functions and is likely to be long term, and it becomes necessary, for continuity of normal operations and/or the well-being of the University community, to modify/alter normal functions, established procedures, and/or policies without submitting to a formal process.

POLICY

Authority to Declare a Campus State of Emergency

This Emergency and Critical Incident Policy is designed to provide direction for Larkin University during an emergency situation. It provides basic procedural guidelines necessary to cope with most emergencies. Emergency response operations will be conducted within the framework of these guidelines.

With any crisis situation it is understood that a state of emergency may need to be declared. The authority to declare a campus state of emergency rests with the University President or designee.

If a state of emergency is declared, it may become necessary to restrict access to specific areas on campus to authorized individuals. Only those authorized individuals who have been assigned emergency or resource duties will be allowed to enter the area or building affected by the incident.

Procedure

A. Faculty, staff, and students shall report emergencies by dialing 911.

B. In the event of an emergency or a disaster, the Larkin University Facilities Management has primary responsibility for immediate response, and shall cooperate and coordinate with official emergency response authorities and University administration, in accordance with established policies and procedures.

1. The office of Larkin University Facilities Management will serve as the Incident Command Center (ICC) for the University during the critical incident. All outside information flows into this area and out
to incident. The Facilities manager or designee will contact University administration as to the extent of damage or seriousness of the incident and recommends whether the ICC should be placed into operation.

2. The Incident Commander is in charge at the scene of the incident unless such responsibility is transferred to another unit; for example, the fire department in the event of a fire or respective Miami Dade County authorities in the event of a chemical incident. When the situation is brought under control, responsibility is transferred back to the University.

3. Decisions to close and evacuate a building or to isolate an area immediately after an incident may be made by the Fire Department, Miami-Dade County authorities, the Florida Department of Education, the Governor, or Facilities Management who may consult LU Administration, the LU President and/or others as needed.

4. Decisions to reoccupy a building will be made by the agencies identified in paragraph (3) above or by the Critical Incident Management Team. The primary consideration for reoccupying, after consulting with additional resources, will be the safety of the occupants.

Critical Incident Management Team (CIMT)

A. In the event of a crisis incident, the Facilities Manager or designee will notify the President, who will convene the Critical Incident Management Team (CIMT). The CIMT is comprised of members from the President’s council and may include additional University administration or selected department heads. The CIMT will be assembled to address the immediate crisis and will disband when the crisis has ended and normal operating systems are in place.

B. The Critical Incident Management Team (CIMT) consists of:
   1. President & CEO
   2. Vice President For Finance/ CFO
   3. Dean COP
   4. Dean COBS
   5. Registrar
   6. Director of Finances
   7. Facility manager
   8. Director IT
   9. Director HR
   10. Director of Development
   11. Associate Dean of Student Services
   12. Director of Admissions
   13. Director of Library

C. The CIMT may be expanded to include others as needed

Policy Detail

Larkin University identifies, prevents and manages disaster and emergency situations within its sphere of responsibility and influence, until the arrival of appropriate emergency services. A range of emergency
situations may occur on the premises with the potential to impact on the safety of staff, Board members, volunteers, students, visitors and consumers, including:

- Active Shooter/Armed Intruder.
- Bomb Threat/Suspicious Item
- Concerning Behavior
- Harassment
- Explosions
- Fire
- Hazardous Materials
- Hurricane
- Medical Concerns
- Utility Failures
- Pandemic

For response strategies to those emergency situations, see the Larkin University Preparedness Guide, rev March 2020v2

Emergency Notification

A. There are various methods by which the University may notify the community in the event of an emergency. Examples of emergency communication are:

1. Announcement in the Building: Security might come to you and require you to take action
2. LU Alert via email from the President's office
3. Phone/SMS
4. Announcement from individual colleges and departments either in person or via email

Each department is responsible for making certain that individuals under its supervision are aware of how Emergency Notifications and LU Alerts are distributed and how the messages received are to be transmitted to other offices under its jurisdiction.

Risk Assessment

Larkin University uses risk assessment processes to identify and control barriers to effective emergency management. Faculty and Staff, Students, Interns and Volunteers are expected to behave in a way which minimizes the risk of emergencies occurring.

Preparedness

An Emergency Situation Checklist supports the organization to prepare for potential disaster and emergency situations, and is reviewed on an annual basis. Disaster and emergency guidelines are reviewed on an annual basis. All faculty and staff, Board members, students, interns and volunteers are provided with training to ensure they are familiar with implementation of Emergency and Critical Incident Policy and Procedure. All faculty and staff, students, interns and volunteers familiarize themselves with emergency evacuation procedures, including their responsibilities and the emergency evacuation assembly point. All fire safety activities undertaken by the organization are recorded and reviewed to identify gaps in training, knowledge, equipment or processes. Fire activities include, but are not limited to, fire safety training, drills and exercises, records of maintenance and inventories of equipment kept. Where relevant, all staff, students and volunteers
familiarize themselves with techniques to minimize physical and emotional harm from other people.

Response

When a disaster or emergency situation arises, the primary aim of the response is to ensure the safety of all people on the premises, preserve life and protect property. Larkin University initiates recovery and aims to restore operations as quickly as possible. The availability of critical incident debriefing is an essential component of the organization’s approach to emergency management. When required, supportive counselling is provided to faculty, staff, students, interns and volunteers who are affected by an emergency or critical incident.

Public information

The Office of the President serves as the authorized spokesperson for the University. All public information must be coordinated and disseminated by their staff with assistance from other University departments and/or personnel.

University policy requires that only certain administrators may speak on behalf of the University. These spokespersons are the President or a designated University Spokesperson in the Office of the President. Under certain circumstances, the previously named administrators may designate others as spokespersons.

In the event that regular telecommunications on campus are not available, the Office of the President will center media relations at a designated location. Information will be available there for the news media and, where possible, for faculty, staff, and students. Official information will be made available as quickly as possible.

During critical incidents, the Office of the President will work with each organizational unit to gather accurate and substantial information regarding the situation and details regarding the University response. The Office of the President, working with other CIMT members, will provide notification to students, interns, volunteers, faculty, staff, and the general public on progress toward recovery.

Evacuation and Relocation

A. Transportation of persons shall be coordinated with appropriate Facilities Management personnel for the purpose of evacuation and relocation of persons threatened by or displaced by the incident. A temporary shelter or facility will be selected if needed. Coordination for assistance, equipment, and supplies will be determined at the relocation site as needed.

B. The primary responsibility for the protection of property, assessment of damage, and restoration of normal operations shall be given to Facilities Management and the Department of Information technologies:

1. Facilities Management: Coordinates all services for the restoration of electrical, plumbing, heating, and other support systems as well as environmental enclosure and structural integrity. Assesses damage and makes a prognosis for occupancy of the structure affected by the disaster. Additionally, Facilities Management provides safety and security for people and facilities, as well as emergency support to affected areas, and notification mechanisms for problems that are or could be disasters. Extends a security perimeter around the functional area affected by the disaster.

2. Information Technology Services: Coordinates support for data-processing resources at the main data center and the designated recovery sites; provides alternate voice and data communications
capability in the event normal telecommunication lines and equipment are disrupted by the disaster. Evaluates the requirements and selects appropriate means of backing up the telecommunications network.

C. Evacuation/rescue plan for persons with disabilities. Even though emergency personnel usually are available to assist with evacuation, this may not always be the case. People with concerns that would make independent evacuation difficult are encouraged to make alternative plans and arrangements in advance which will increase the likelihood that individuals will be able to exit a building safely in the event of an emergency. Individuals are encouraged to discuss evacuation/rescue needs with the Facilities manager.

Every individual must quickly become familiar with his or her area by locating exits, stairwells, elevators, fire-fighting equipment, fire alarms, and possible areas of rescue.

Those who have difficulty speaking or those with hearing impairments who have difficulty judging volume are encouraged to carry a whistle or a similar device for the purpose of announcing his or her location to emergency services personnel conducting rescue searches and to carry personal cell phones to contact emergency services personnel.

Advise others (supervisors, administrators, instructors, colleagues, fellow students) about any concerns that you may have related to emergency exiting and how they can assist you in the event of an emergency. This can include assistance in exiting a building, assistance to areas of rescue, and alerting emergency services of your location.

D. Assisting people with disabilities: Evacuation guidelines. It is recommended that each department establish a "buddy" system in which volunteers and alternates are recruited and paired with persons who have known disabilities that would create special evacuation needs. Volunteers should become familiar with the special evacuation needs of their buddies and plan to alert and assist them if an evacuation is ordered. Volunteers should keep in mind that many people with disabilities can assist in their evacuation.

1. People with visual disability. In the event of an emergency, tell the person the nature of the emergency and offer to serve as a guide. As you walk, tell the person where you are and advise of any obstacles. Do not grasp the person’s arm. Extend and offer your arm for the individual to grasp.

2. People with hearing disability. People with hearing impairments may not perceive audio emergency alarms, and an alternative warning technique is required. Two methods of warning are:
   a. Writing a note telling what the emergency is and the nearest evacuation route/safe staging area.
   b. Tapping the person on the shoulder or turning the light switch on and off to gain attention, then indicating through gestures, or in writing, what is happening and what to do.

3. People using crutches, canes, or walkers. When it is not possible for the person to exit quickly, various carrying options include: using a two-person lock-arm position, having the person sit in a sturdy chair — preferably with arms; For level travel, an office chair with wheels could be utilized.

4. People using motorized and non-motorized wheelchairs or other ambulation devices. The needs and preferences of people will vary. Most will be able to exit safely without assistance if on the ground floor. Two volunteers are needed in carrying a person and wheelchair. It is advisable to arrange a two-person, lock-arm carry or use an evacuation chair to manage stairways. Please keep in mind that some people have minimal ability to move, and lifting them may be painful and/or injurious. Additionally, some individuals may have respiratory complications and must be removed from smoke
or fumes immediately.

Always consult the person as to his or her preference with regard to:

a. Ways of being removed from the wheelchair.

b. The number of people necessary for assistance.

c. Whether to extend or move extremities when lifting because of pain, catheter bags, braces, etc.

d. Whether a seat cushion or pad should be brought along if he or she is removed from the chair.

e. Being carried forward or backward on a flight of stairs.

f. After-care needs, if removed from a mobility device (wheelchair, scooter, etc.).

**Damage Assessment and Recovery**

A. Departmental notification. Facilities Management shall be responsible for securing the incident site and notifying the designated representative (or alternate in designee's absence) of the following departments:

1. Office of the President
2. IT
3. Dean COP
4. Dean COBS
5. Student Services
6. Admissions
7. Human Resources

Individuals so notified shall immediately respond, meeting for the purpose of determining the extent of damages, recovery activities, relocation needs, and public information needs that are immediately required.

B. Departmental responsibilities. To the extent that damage is minimal and relocation of activities is not required, Facilities Management shall be responsible for all site clean-up, debris removal, and emergency or minor repairs. In the event that major remodeling or rebuilding is necessary, Facilities Management shall be responsible for preparation of plans, specifications, or cost estimates for building remodeling, and equipment repair/replacement.

C. Property loss reporting requirements. Preliminary reports regarding the cause of the loss, the extent of damage, and the plans for recovery and relocation shall be provided to the Vice President for Finance within 24 hours, in accordance with Risk Management, Insurance, and Loss Prevention. The Vice President for Finance shall ensure that all losses be reported to the Board of Trustees.

**Dealing with a Disrupted Work or Academic Environment**

The University seeks to provide a work environment that supports people and the business of the University.

A. In those situations that, due to equipment malfunction, weather, or other crisis situations, work space is uninhabitable because of heat, cold, water, smoke, or other conditions that make the work site unsafe or uninhabitable, supervisors will make a decision relative to continuation of services at that location. If the supervisor, based on consultation with appropriate University officials, his or her knowledge of the term
and severity of the condition, and based on a reasonable-person standard, decides to vacate the work site, he or she shall use the following guidance.

1. If possible, services to students, faculty, staff, and the public should be continued at an alternate work location within the building. Supervisors should identify these alternate work locations in advance and advise faculty and staff of the location and the situations which would require relocation to the alternate work site (i.e., lack of heat, fumes, threats to safety/security).

2. If space is not available in the University Building for all or a portion of the affected staff, they should meet at public facilities on campus, i.e., University Library, Classrooms, Lounge etc. To the extent possible, normal work flow should be maintained. If computers, phones, and other necessary equipment are not available, staff should engage in planning, evaluation, or training activities which require staff presence but not operational equipment.

3. If the options listed above are not feasible, the supervisor can authorize staff to work at home (if appropriate), or they may approve an alternate work schedule to make up the time.

4. If the whole campus needs to close for a certain period of time, the President can order the University to transition to remote work and authorize faculty and staff to work at home (if appropriate), for this case see LU policy for remote work in state of emergency.

5. If none of the above options is feasible, staff may be required to utilize paid leave (vacation) or unpaid leave during periods of disruption. It is the University's intent to avoid this option if possible. Supervisors are responsible for monitoring the availability of the original work space and for notifying staff and faculty when it is appropriate to return to the regular work area.

B. Determinations as regards classes will be made by the academic units in coordination with the Office of the President.

RELATED MANUALS

Larkin University Preparedness Guide rev March 2020 (attached)

RELATED POLICIES

Remote work in state of emergency policy
Incoming mail and deliveries in state of emergency policy
Signing of routing and transmittal documents in state of emergency policy
Research in transition to remote work policy

Attachments

## Approval Signatures

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Data Breach Response Policy

PURPOSE

The purpose of this policy is to provide a process for the institutional response to a confirmed data breach or data exposure based on the type of data involved, including confirmed theft. The policy also provides an outline for reporting suspected thefts involving data, data breaches or exposures (including unauthorized access, use, or disclosure) to appropriate individuals.

SCOPE

This policy covers all computer systems, network devices, and any additional systems and outputs containing or transmitting protected or sensitive data.

POLICY

Reporting of suspected thefts, data breaches or exposures

Any individual at Larkin University who suspects that a theft, breach or exposure of protected data or sensitive data has occurred must immediately provide a description of what occurred via email to the director of information technology by calling 305-760-7525. The IT department will investigate all reported thefts, data breaches and exposures to confirm if a theft, breach or exposure has occurred. If a theft, breach or exposure has occurred, the IT department will follow the appropriate procedure depending on the class of data involved. If electronic records contain but not limited to SSN, bank information or similar, it is the responsibility of the Department of Information Technology to inform the appropriate federal agency(ies).

If the incident is a suspected theft, Facilities Management shall also be contacted at 305-760-7520. Facilities management will determine whether a local law enforcement agency should be contacted based on the location and details of the incident. If a local law enforcement agency is contacted, the name of the agency and the report number should be provided to the IT Department as well as to Facilities management.

Confirmed theft, data breach or exposure of protected data or sensitive data

As soon as a theft, data breach or exposure containing protected data or sensitive data is identified, the process of removing all access to that resource will begin as soon as possible. If the information is available on a site outside of Larkin University, that site will be contacted to have the information removed as soon as possible.

*The Director of Information Technology will chair a response team to handle the breach or exposure. The team*
will include members from:

Department of Information Technology

Facilities Management

Office of the President including LU Legal Counsel if necessary

The affected unit or department that uses the involved system or output or whose data may have been breached or exposed

Additional departments based on the data type involved.

Additional individuals as deemed necessary by the Director of Information Technology

If a theft of physical property occurred, Facilities Management will be notified by Department of Information Technology. This team will provide information to the office of the President regarding how the breach or exposure occurred, the types of data involved, the LU classifications of those data types, any protective measures around the involved data (such as encryption), and the number of internal/external individuals and/or organizations impacted. The office of the President will handle all communications about the breach or exposure. The Department of Information Technology will work with the appropriate parties to remediate the root cause of the breach or exposure.

Confirmed theft, breach or exposure of LU Public data

The Director of Information Technology will be notified of the theft, breach or exposure, and will inform the office of the President as soon as possible. The Department of Information Technology will analyze the breach or exposure to determine the root cause. The Department of Information Technology will work with the appropriate parties to remediate the root cause of the breach or exposure. The Department of Information Technology will also examine any involved systems to ensure that they did not also house any protected data or sensitive data. If the systems are found to also contain protected data or sensitive data, the Director of Information Technology will be notified and the “Confirmed data breach or exposure of protected data or sensitive data” section of this policy will be invoked. If a theft of physical property occurred, Facilities Management will be notified by the Department of Information Technology. Facilities Management will determine if it is also appropriate to necessary other law enforcement agencies based on where the theft occurred.

POLICY ADHERENCE

Failure to follow this policy can result in disciplinary action as provided in the Employee Handbook, Student Handbook, and Faculty Handbook. Disciplinary action for not following this policy may include termination, as provided in the applicable handbook or employment guide.

CHECKLIST

This checklist covers items that the response team should consider while responding to a security incident.

Materials that may need to be developed to handle the incident including:

Web pages

Notification letter

Press release
Q&A for media

Q&A for call center and other responders

Alert university leadership teams so they understand what is being done to address the incident and are apprised of status. The order and frequency of updates to these groups will be determined by the Director of Information Technology depending on the incident.

All available information about the incident, including both information that has been confirmed and information that is suspected, will be provided to the response team. As new information is discovered, it will be provided to the response team as quickly as possible.

Daily conference calls to checkpoint progress and obstacles are tremendously helpful in keeping things moving and sharing information.

Size and severity (likelihood of fraud) of the incident may warrant different actions, i.e. whether credit monitoring is affordable and/or appropriate.

Track the amount of time that has passed between incident, discovery of incident, and notification of affected individuals. While none of these steps are necessarily long, each one of them adds to the number of days to notification.

If contracts need to be negotiated to provide services to the affected individuals, those negotiations should begin immediately. Check to see if previously negotiated contracts can be applied to the situation (especially for credit monitoring).

Depending on the number of individuals impacted, it can take some time to assemble mailing address information for large groups. Begin pulling this data immediately.

Attachments

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Incoming mail and deliveries in state of emergency policy

PURPOSE
If a state of emergency is declared, it may become necessary to restrict access to specific areas on campus to authorized individuals. Only those authorized individuals who have been assigned emergency or resource duties will be allowed to enter the area or building affected by the incident. If LU transitioned to remote work or partial remote work as the result of a critical incident that lead to a declaration of a state of emergency in which the Critical Incident Management Team advised not to use the whole campus or its parts for normal operations, this policies outlines how mail and deliveries will be handled to ensure that information or goods are received by the final recipient timely, secure and if required properly stored. This shall allow for continuity of operations in a remote work environment.

SCOPE
This policy applies to all faculty and staff, Board members, students, interns and volunteers

DEFINITIONS
State of emergency: This situation exists when a critical incident has resulted in substantial disruption of University functions and is likely to be long term, and it becomes necessary, for continuity of normal operations and/or the well-being of the University community, to modify/alter normal functions, established procedures, and/or policies without submitting to a formal process

POLICY
It is the policy of Larkin University that in declared state of emergency in which the Critical Incident Management Team advised to transition to remote work that all mail and deliveries will be received by security and physically stored by facilities management. To ensure that mail or deliveries are stored properly and received by the final recipient virtually and physically Larkin University implemented a set of procedures.

PROCEDURES
All letters are received by security and will be scanned unopened by facilities management in a way that allows to identify sender and recipient. This scan is send to the work email account of the recipient. The recipient will determine based on the initial scan if the letter should be opened by Facilities management.
scanned and send via email to the recipient. If the letter contains any classified, protected or sensitive information the recipient has to request this information to be transmitted either via secure email or via a shared folder with restricted access on the internal network drives.

All letters will be stored in the office of facilities management until being physically picked up.

All deliveries are carefully inspected by security if the package is not damaged. Any delivery that shows signs of damage will not be signed off but returned. Facilities management will during or immediately after receiving a delivery contact the final recipient via cell phone to get detailed instructions on storage requirements. If the final recipient cannot be contacted facilities management will identify if any special storage requirements are necessary using the package information attached to the package. If the package contains lab material or chemicals security is authorized to enter the lab and store the delivery in the appropriate place. If any researcher is in the building, facilities management will contact him to be present during the storage procedure.

All deliveries that do not have special storage requirements and for which no other instructions by the final recipient are given will be stored in the storage space managed by facilities management until being picked up by the final recipient.

RELATED POLICIES

Emergency and Critical Incident Policy and Procedure
Remote work in state of emergency policy
Research in case of transition to remote work policy
Signing of routing and transmittal documents in state of emergency policy

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Larkin University
18301 N. Miami Ave.
Miami, FL 33169

Policy on Accrediting Decisions of Other Agencies

Explain Purpose of the Policy:

Policy: The BOT of Larkin University supports the SACSCOC Policy on Accrediting Decisions of Other Agencies, which indicates conditions under which it would not grant candidacy, initial accreditation, or reaffirmation to an institution. Larkin University will disseminate information and notify SACSCOC of any of these accrediting decisions which apply to Larkin University or any of its respective degree programs. A full copy of the SACSCOC policy is attached for reference.

Implementation Date: May 1, 2019

Maintenance and Review of the Policy:
The President/CEO is responsible in his role as Chief Academic Officer for Larkin University is responsible for the monitoring and oversight of this policy. The President or his designee is responsible for the dissemination and notification of information of other accrediting bodies to the regional accredits the University, SACSCOC. All administrative policies of Larkin University can be accessed electronically at ularkin.org or can be obtained from the Human Resources Department. This policy will be reviewed every four years for its effectiveness.

Document History
Date adopted by Board of Trustees: 4/2019
Date reformatted: 4/2019
Date reviewed: 7/91
Next scheduled review date:
SACSCOC
Southern Association of Colleges and Schools
Commission on Colleges
1866 Southern Lane
Decatur, Georgia 30033-4097

ACCREDITING DECISIONS OF OTHER AGENCIES

Policy Statement

In accord with Federal code §602.28, the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) observes the following policy concerning the accrediting decisions of other agencies:

SACSCOC does not grant candidacy, initial accreditation, or reaffirmation to an institution if the Commission knows, or has reason to know, that the institution is the subject of the following:

1. A pending or final action brought by a State agency to suspend, revoke, withdraw, or terminate the institution’s legal authority to provide postsecondary education in the State;

2. A decision by another United States Department of Education (USDOE) recognized agency to deny accreditation or candidacy;

3. A pending or final action brought by another USDOE recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution’s accreditation or candidacy; or

4. Probation or an equivalent status imposed by a USDOE recognized accrediting agency.

Procedures

1. If the Commission is notified that an institution is a subject of any of the provisions outlined above, Commission staff will request that the institution provide all reports from the agency referred to in any of the points 1-4 above, and will consider whether the other agency’s action resulted from a deficiency which calls into question the institution’s compliance with the Principles of Accreditation.

2. If, after reviewing the materials, the Commission acts to grant candidacy or initial accreditation to the institution, the President of SACSCOC will provide to the U.S. Secretary of Education, within 30 days of the SACSCOC Board of Trustees action, a thorough and reasonable explanation why the action of the other agency did not preclude SACSCOC from awarding candidacy or initial accreditation. If, after reviewing the materials, the Commission finds that the deficiencies cited by the other agency calls into question the institution’s compliance with standards applicable to its status with the Commission, the President of SACSCOC may refer the case to C & R or authorize a Special Committee to review the institution. Action regarding the institution’s continuing candidacy or any future recognition will be made by SACSCOC Board of Trustees.

3. If the Commission learns that a candidate or member institution is the subject of adverse action by another USDOE recognized accrediting agency or has been placed on Probation, or an equivalent status,
by another USDOE recognized accrediting agency, Commission staff will request that the institution provide all related reports from the agency. Following review of the reports, the Commission will determine one of the following: (1) that the reasons for adverse action or Probation or equivalent status do not support a recommendation of adverse action or the imposition of Probation or Warning, (2) that the reasons for adverse action or Probation or equivalent status warrant the authorization of a Special Committee or referral to the SACSCOC Board of Trustees for consideration of adverse action or the imposition of Probation or Warning.

Institutional Responsibility

The Commission requires candidate and member institutions holding accredited or candidacy (pre-accredited) status from more than one U.S. Department of Education recognized institutional accrediting agency (https://ope.ed.gov/accreditation/Agencies.aspx) to keep each agency apprised of any change in its status with one or another agency. Any institution seeking or holding accreditation from more than one USDOE recognized institutional accrediting agency must describe itself in identical terms to each agency with regard to purpose, governance, programs, degrees, diplomas, certificates, personnel, finances, and constituents, and must keep each USDOE recognized accrediting body, including SACSCOC, apprised of any change in its status with one or another accrediting agency.

Document History

Approved: Executive Council, April 1990
Edited in accord with the Principles: June 2003
Edited: January 2012
Revised: SACSCOC Board of Trustees, December 2012
Edited March 2014
Reformatted: August 2014, July 2018
Policy on Accreditation Procedures for Applicant Institutions

Purpose: The Board of Trustees has determined that Larkin University will pursue accreditation with the Southern Association of Colleges and Schools, Commission on Colleges (SACSCOC). This policy is to confirm that LU will follow the appropriate procedures to achieve this objective as outlined in the approved strategic plan.

Policy: The Board of Trustees will pursue accreditation with the Southern Association of Colleges and Schools, Commission on Colleges (SACSCOC). As such, Larkin University accepts and commits to follow the Accreditation Procedures for Applicant Institutions document approved in June 2018. A full text of this document is attached to this policy as reference.

Implementation: May 1, 2019

Maintenance and Review of the Policy: The Office of the CEO and Senior Leadership Team is responsible for the implementation and monitoring of this policy in a systematic and effective manner. The BOT will provide oversight of this policy. This policy will be reviewed every year for its effectiveness. All administrative policies of Larkin University can be accessed electronically at ularkin.org or can be obtained from the Human Resources Department.

Document History
Date adopted by Board of Trustees: 4/2019
Date reformatted: 4/2019
Date reviewed: 11/1
Next scheduled review date:
ACCREDITATION PROCEDURES FOR APPLICANT INSTITUTIONS

Policy Statements

The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) is a regional accrediting agency which accredits institutions in Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and Latin America and other international institutions approved by SACSCOC that award associate, baccalaureate, master's and/or doctoral degrees. SACSCOC accepts applications from institutions which are located in these areas. Applications, including narrative and documents demonstrating compliance with the Principles of Accreditation, must be in English. Audits must be presented in U.S. dollars and all notes in the audits must be in English.

Note to International Institutions: SACSCOC will not send committees to institutions located in countries which are under a Level 3, or 4 travel advisory issued by the U.S. Department of State (www.travel.state.gov) and thus will not accept applications for accreditation from institutions located in such countries until the travel advisory is lifted.

The accreditation procedures outlined in this document apply to degree-granting institutions of higher education seeking accreditation with SACSCOC. Former SACSCOC-accredited institutions seeking to regain membership must also follow these same procedures.

Entities which are a part of an institution accredited by SACSCOC and which wish to seek separate accreditation should refer to the SACSCOC Policy Statement “Separate Accreditation for Extended Units of a Member Institution” on its website, www.sacscoc.org.

The Application for Membership and the Principles of Accreditation: Foundations for Quality Enhancement may be found on the SACSCOC website under Application Information. Communication concerning membership may be addressed to the President of SACSCOC and/or to the staff member assigned to work with pre-applicant and applicant institutions.

The SACSCOC philosophy of accreditation precludes denial of membership to a degree-granting institution of higher education in its region or an international institution on any basis other than failure to comply with the Core Requirements and Standards of the Principles of Accreditation: Foundations for Quality Enhancement established by the College Delegate Assembly or failure to comply with the policies and procedures of SACSCOC. The Board of Trustees of SACSCOC uniformly applies the Principles of Accreditation to all applicant, candidate, and member institutions.
An institution seeking SACSCOC membership must complete an application documenting its compliance with the following Core Requirements and Standards of the Principles of Accreditation:

<table>
<thead>
<tr>
<th>Core Requirements</th>
<th>Standards</th>
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<tbody>
<tr>
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<td>2.1 (Institutional mission)</td>
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<td>4.1 (Governing board characteristics)</td>
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<td>5.1 (Chief executive officer)</td>
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<td>7.1 (Institutional planning)</td>
<td>8.2.c (Student outcomes: academic and student services)</td>
</tr>
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<td>8.1 (Student achievement)</td>
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<td>9.1 (Program content)</td>
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</tr>
<tr>
<td>9.2 (Program length)</td>
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<td>9.3 (General education requirements)</td>
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<td>11.1 (Library and learning/information resources)</td>
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<td>13.1 (Financial resources)</td>
<td>12.4 (Student complaints)</td>
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<td>13.2 (Financial documents)* (see note below)</td>
<td>13.6 (Federal and state responsibilities)</td>
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<td>14.1 (Publication of accreditation status)</td>
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<td>14.5 (Policy compliance)</td>
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*Note: Required Financial Information for Applicant and Candidate Institutions (Core Requirement 13.2)

In addition to providing narrative describing its compliance with Core Requirement 13.1, an institution must include with its application the following financial information:

(1) separate institutional audits and management letters (audits opinioned on the institution) for its three most recent fiscal years, including the audit for the most recent fiscal year ending prior to the date of the application. Should the end of another fiscal year occur during initial review of the application by SACSCOC staff, that audit must be submitted before review of the application can be completed. In addition, the audit for the most recently completed fiscal year must be provided when seeking authorization by the SACSCOC Board of Trustees to receive a Candidacy Committee visit.

(2) an annual budget that is preceded by sound planning, is subject to sound fiscal procedures, and is approved by the governing board.

(3) a statement of financial position of unrestricted net assets, exclusive of plant assets and plant-related debt (short and long term debt attached to physical assets) which represents the change in unrestricted net assets attributable to operations for the most recent year.

Further, throughout the remainder of the process the institution must provide a separate audit and management letter for the most recently completed fiscal year ending prior to any committee visit or Board of Trustees review for Candidacy, Candidacy renewal, or initial Membership.

All audits must be conducted by independent certified public accountants or an appropriate governmental auditing agency.

An applicant or Candidate institution may not show an annual or cumulative operating deficit at any time during the application process or at any time during Candidacy.

The completed application constitutes a primary source of information used by SACSCOC to determine apparent
compliance with the requirements and standards listed above, which are basic expectations of institutions seeking Candidacy, the initial status with SACSCOC. Compliance with these requirements and standards, however, is not sufficient to warrant initial membership. After gaining Candidacy status, institutions must demonstrate both continued compliance with these requirements and standards and compliance with all of the remaining Standards of the Principles of Accreditation.

Note: An application which fails to provide evidence of degree-granting authority as required by the state or country in which the institution submitting the application is located will not be accepted and the institution will be notified by the President of SACSCOC that the application has been withdrawn from consideration. The institution may submit another application when it can provide appropriate evidence of degree-granting authority.

After initial review of the application by SACSCOC staff, the process is as follows: the SACSCOC Committee on Compliance and Reports makes recommendations concerning an institution's status to the Executive Council of SACSCOC which, in turn, makes its recommendation to the SACSCOC Board of Trustees which takes final action on the institution's status.

An institution may withdraw its application or its status as a Candidate institution at any time prior to a decision of the SACSCOC Board of Trustees. If an institution withdraws its application and later decides to again seek membership, it must submit a new application and follow the procedures outlined below as they apply to institutions seeking status with SACSCOC.

An applying institution bears the cost of application fees as well as the direct and indirect costs of visits. See the section of this policy entitled “Fees and Other Expenses for Applicant and Candidate Institutions.”

After awarding of initial Membership, an institution must undergo reaffirmation in five years. This reaffirmation process will require completion of a Compliance Certification, development of a Quality Enhancement Plan (Standard 7.2), and both Off-Site and On-Site Reaffirmation Committee reviews. Thereafter, the institution is reaffirmed every ten years.

Note: Substantive Change

An applying institution describes itself in its initial application. Therefore, from the date of submission of an application to the date of awarding of Membership, the institution must not undertake a substantive change as defined by the SACSCOC policy, Substantive Change for SACSCOC Accredited Institutions. Should the institution find it necessary to initiate a substantive change, that action may have significant impact on the accreditation process as follows:

If an institution chooses to implement a substantive change after submitting an application, but prior to gaining authorization to receive a Candidacy Committee visit, the institution may be required to submit a new application which includes the change. If an institution implements a substantive change after it has been authorized to receive a Candidacy Committee visit but prior to the granting of Candidacy, its authorization may be revoked at the discretion of the President of SACSCOC. If an institution implements a substantive change during its Candidacy period, the status of Candidacy may be revoked at the discretion of the President of SACSCOC. Should Candidacy be revoked, the institution may reapply at any time.
Steps in the Process for Achieving Membership with SACSCOC

1. Mandatory Attendance at Workshops for Pre-Applicant Institutions

Prior to submission of an application for membership, an institution must attend a mandatory two-day Pre-Applicant Workshop and Pre-Applicant Institutional Effectiveness Workshop at the SACSCOC offices in Atlanta, Georgia. Information concerning registering for the workshops may be obtained by visiting the SACSCOC website (www.sacscoc.org) under Application Information. Institutions interested in understanding the process in order to determine whether to apply or not may also wish to attend the workshops. The workshops acquaint attendees with the accreditation process and with the Core Requirements and Standards of the Principles of Accreditation.

2. Submission of an Application and Initial Review of the Application

An institution seeking membership must first submit an application describing the characteristics of the institution and documenting its compliance with the above listed Core Requirements and Standards as well as the required financial documents noted above. The application should be submitted to the President of SACSCOC.

3. Review of the Application by SACSCOC Staff and Submission of Additional Information by the Institution

SACSCOC staff members will conduct an initial review of the application within six months of receipt and will provide the institution with a written assessment of the application. If additional information is needed before review can be completed, SACSCOC staff will hold a conference call with representatives of the institution to discuss the application, the requests for additional information, and the timeline for next steps in the process.

The application review process (beginning with receipt of the completed application and ending with authorization of the Candidacy Committee) can, on average, be accomplished within a period of twelve to eighteen months. The maximum period from the time the initial application is received by SACSCOC to the time that the Candidacy Committee is authorized should not exceed 18 months. Should the institution not receive authorization to receive a Candidacy Committee visit within 18 months after submitting its initial application materials, its application may be withdrawn at the discretion of the President of SACSCOC. Should the institution wish to reapply at a future time, it will be required to submit a new application along with the appropriate application fee.

4. Authorization of a Candidacy Committee Visit and the Granting of Candidacy Status

In order to be authorized to receive a Candidacy Committee visit, the institution must demonstrate through narrative and documentation in the application compliance with the above listed Core Requirements and Standards including financial resources requirements noted above in this document.

After review of the application and review of requested additional information submitted by the institution, if SACSCOC staff members determine that the institution appears to have documented compliance with the Core Requirements and Standards listed above, the President of SACSCOC can authorize the Candidacy Committee visit.

If the institution does not appear to SACSCOC staff to have clearly documented compliance with all of the requirements and standards as required in the application, the institution will be given the option of withdrawing the application or requesting that it be referred to one of the SACSCOC Committees on Compliance and Reports (the standing review committees of the SACSCOC Board of Trustees) seeking authorization of a Candidacy Committee visit.

Upon recommendation of the Committee on Compliance and Reports, the SACSCOC Board of Trustees will either authorize or deny a Candidacy Committee visit. If the Commission determines that the institution is not in compliance with any of the requirements and standards required in the application, authorization of a Candidacy Committee visit will be denied. If a Candidacy Committee visit is denied, the application process ends. The institution may submit another application in the future at its discretion. Denial of a Candidacy Committee visit is not appealable.

If the SACSCOC Board of Trustees determines that the institution has demonstrated in the application apparent compliance with the requirements and standards required in the application, it will authorize a Candidacy Committee visit.

5. The Candidacy Committee Visit, the Granting of Candidacy Status, and Authorization of an Accreditation Committee Visit
If a Candidacy Committee visit is authorized, a SACSCOC staff member is assigned to the institution and he/she will consult with the institution concerning a date for the Candidacy Committee visit. The Candidacy Committee visit and subsequent decision of the SACSCOC Board of Trustees may take a maximum of twelve months after authorization.

The Candidacy Committee will consist of at least five committee members who will verify on site that the institution complies with the Core Requirements and Standards as required in the application. The Committee will write a report describing its findings and this report will be forwarded to the Committee on Compliance and Reports of the SACSCOC Board of Trustees for a determination of whether to recommend to the SACSCOC Board of Trustees that Candidacy status be awarded to the institution. The institution has a minimum of two weeks after receiving the report of the Candidacy Committee to respond to the Candidacy Committee Report. That response will be forwarded to the SACSCOC Committee on Compliance and Reports as well.

The Candidacy Committee Report and the institution’s response to the report, should it wish to provide one, will be reviewed by the SACSCOC Committee on Compliance and Reports and that Committee will recommend to the SACSCOC Board of Trustees either that the institution be granted Candidacy or that the institution be denied Candidacy.

If the institution is denied Candidacy, the application process ends. The institution may submit another application along with application fees at its discretion. Denial of Candidacy is appealable. If the appeal is denied, the institution may submit another application at its discretion. If the appeal is upheld, the institution will be granted Candidacy status. (See the SACSCOC policy, “The Appeals Procedures of the College Delegate Assembly” on the SACSCOC website, www.sacscoc.org.)

The awarding of Candidacy status indicates that the institution has demonstrated compliance with the requirements and standards required in the application and that this compliance has been verified by a Candidacy Committee which has visited the institution. If the institution is awarded Candidacy status, it will be authorized to receive an Accreditation Committee visit. It must complete a Compliance Certification documenting compliance with all remaining Standards with the exception of Standard 7.2 (the institution does not complete a Quality Enhancement Plan until reaffirmation five years after the granting of membership) and documenting continued compliance with the requirements and standards addressed in the application. It must then host the Accreditation Committee visit and, subsequently, if requested, appear before the SACSCOC Board of Trustees seeking Membership or Continued Candidacy.

In order for an institution to maintain Candidacy status, the Accreditation Committee visit and subsequent action by the SACSCOC Board of Trustees must occur within two years of the date that the institution was granted Candidacy.

Candidacy is effective on the date that the SACSCOC Board of Trustees takes action to grant Candidacy. An institution may remain in Candidacy status for a maximum of four years with renewal within two years of the date when it was granted Candidacy.

6. The Accreditation Committee Visit and Subsequent Actions

The SACSCOC staff member assigned to the institution will visit the institution to discuss the date and arrangements for the Accreditation Committee visit and to discuss completion of the Compliance Certification. The chair of the Accreditation Committee will make a preliminary visit to the institution, usually approximately two months prior to the visit, to determine the institution’s readiness and discuss arrangements for the visit.

After completion of the Compliance Certification, the institution will host the Accreditation Committee visit. This Committee will evaluate the institution’s compliance with the Principles of Accreditation and write an Accreditation Committee Report which will be sent to a Committee on Compliance and Reports and to the institution. The chief executive officer of the institution will be invited to review the report and the institution will be invited to prepare a written response to any recommendations made by the Accreditation Committee. The response must be submitted no later than the date requested by staff, and the Accreditation Committee Report, the response by the institution, and the Committee Chair’s written review of the institution’s response will be submitted for consideration at either the Board’s Summer Meeting in June or its Annual Meeting in December. Action on the report of a visiting committee must take place no later than the second Board of Trustees meeting following the committee visit.

The institution may be requested to send representatives from the institution for a meeting on the record with the
Committee on Compliance and Reports.

Possible actions following the first Accreditation Committee visit are as follows: Award Membership (Initial Accreditation), Remove from Candidacy (an appealable action), or Grant Continued Candidacy. If an institution is Continued in Candidacy, the possible actions following a second Accreditation Committee visit are: Award Membership (Initial Accreditation) or Deny Membership and Remove from Candidacy (an appealable action). These actions are described below.

The Awarding of Membership after the First Accreditation Committee Visit

The SACSCOC Board of Trustees may award Membership after review of the Accreditation Committee Report, the institution’s response, and the committee chair’s review of the response. The awarding of membership occurs if the SACSCOC Board of Trustees and its standing committees judge that the institution has documented compliance with the Core Requirements and Standards of the Principles of Accreditation, and met the Financial Requirements listed above in this document and has been in operation, i.e., has without interruption enrolled students in degree programs through at least one complete degree program cycle, and has graduated at least one class at the level of the highest degree offered by the institution prior to the action by the SACSCOC Board of Trustees. When an institution is awarded Membership, there can be no substantial reliance on subsequent corrective actions to bring the institution into compliance.

Membership is effective on the date of SACSCOC Board of Trustees action to grant initial accreditation.

Denial of Membership and Removal from Candidacy after the First Accreditation Committee Visit

After review of the report of the Accreditation Committee, the institution’s response to the report, and the review of the response by the chair of the Accreditation Committee, the SACSCOC Board of Trustees may remove an institution from Candidacy if the institution has failed to comply with Core Requirements of the Principles of Accreditation and/or has failed to provide strong evidence that it is making adequate progress toward complying with the Standards of the Principles of Accreditation. Upon removal from Candidacy, the process ends. An institution removed from Candidacy may submit another application at its discretion. Removal from Candidacy is appealable. (See the SACSCOC policy, “The Appeals Procedures of the College Delegated Assembly” on the SACSCOC website, www.sacscoc.org.) If the decision is upheld by the Appeals Committee, the process ends and the institution may submit another application along with fees at its discretion. If the Appeals Committee’s final decision is to reverse the SACSCOC Board’s decision to remove the institution from Candidacy, the institution remains in Candidacy status, receives another Accreditation Committee visit, and within two years is again considered for Membership by the SACSCOC Board of Trustees.

The Granting of Continued Candidacy and Subsequent Action after the First Accreditation Committee Visit

The SACSCOC Board of Trustees may grant Continued Candidacy status after review of the Accreditation Committee Report, the institution’s response, and the committee chair’s review of the response. The granting of Continued Candidacy will occur if the institution has not yet demonstrated compliance with requirements and/or standards such that subsequent substantial documentation of compliance is necessary. The institution must have provided strong evidence that it is making adequate progress toward complying with the Principles of Accreditation and that it will fully comply with the requirements and standards within four years of being granted Candidacy despite findings of non-compliance cited by the Accreditation Committee.

If Continued Candidacy is granted after the first Accreditation Committee visit, a second Accreditation Committee visit will be authorized to visit the institution after which the institution will be placed on the agenda of the SACSCOC Board of Trustees and its review committees no later than four years after the date the institution was granted Candidacy. In preparation for the second Accreditation Committee visit, the institution will address issues of non-compliance cited by the first Accreditation Committee and will update information in its Compliance Certification.

The second Accreditation Committee report, the institution’s response, and the committee chair’s review of the response will be sent to the SACSCOC Board of Trustees and its standing review committees for action. Representatives from the institution will be invited for a meeting on the record. The possible actions following a second Accreditation Committee visit are: Award Membership (Initial Accreditation) or Deny Membership and Remove from Candidacy (an appealable action).
The Awarding of Membership after the Second Accreditation Committee Visit

If the SACSCOC Board of Trustees, based on recommendation of the Committee on Compliance and Reports and the Executive Council, finds that the institution has documented compliance with the requirements and standards and met all requirements as listed above for membership, it will award Membership. The effective date of Membership is the date on which Membership is awarded.

Denial of Membership and Removal from Candidacy after the Second Accreditation Committee Visit

If the SACSCOC Board of Trustees denies Membership, the institution will be removed from Candidacy and the application and Candidate process ends. The decision is appealable. If the institution appeals and the decision is upheld by the Appeals Committee, the institution may submit another application at any time at its discretion. If the Appeals Committee reverses the SACSCOC Board of Trustee’s decision to deny Membership and remove the institution from Candidacy, the institution is awarded Membership status.

Fees and Other Expenses for Applicant and Candidate Institutions

Because of staff and SACSCOC involvement with applicant institutions beginning at the time an institution submits an application, the following fees apply:

For national institutions:
- Application Fee $10,000
- Candidacy Fee $2,500 (This also applies to units seeking separate accreditation)

For international institutions:
- Application Fee $15,000
- Candidacy Fee $2,500

The Application Fee must accompany the application submitted by the institution. It covers costs associated with the application review and consultation with staff. When an institution is authorized to receive a Candidacy Committee visit, it is assessed the Candidacy Fee. This fee covers costs associated with staff involvement in the accreditation process and assembling a Candidacy Committee.

The institution also incurs the following direct visit expenses: travel, meals, and lodging for members of a Candidacy Committee and members of all subsequent Accreditation Committees and the accompanying Commission staff representative; $200 to the chair of the committee and $100 to each Committee member for miscellaneous expenses incurred during the visit; and clerical expenses necessary for the chairs of committees to complete reports. The total cost of visits is billed to the institution by SACSCOC following the visit.

In addition, candidate and member institutions are assessed annual dues using a formula based on enrollment and on educational and general expenditures beginning with the term in which candidate or membership status is awarded. (See the SACSCOC policy, “Dues, Fees, and Expenses.”)

Document History

Approved: Commission on College, December 2002
Updated and Edited for the Principles of Accreditation: Commission on Colleges, December 2003
Updated: January 2007
Revised: Commission on Colleges, June 2008
Revised: Board of Trustees, January 2009, July 2011, December 2013
Reformatted: August 2014
Revised: Board of Trustees, December 2015
Revised: SACSCOC Board of Trustees, June 2017
Updated: January 2018
Updated: June 2018
Policy on Agreements Involving Joint and Dual Academic Awards

Purpose: There are times when institutions accredited by SACSCOC, choose to offer degrees, diplomas or certificates with either accredited or non-accredited institutions of higher education around the world. The purpose of this policy is to refer the reader to the policy and procedures outlined in the current approved SACSCOC document on this topic which is dated July, 2018.

Policy: Joint or Dual Academic Awards are not currently offered by Larkin University. Should they become available, Larkin University will commit to follow all procedures and policies outlined in the current SACSCOC document. A full text document of the Policy on Agreements Involving Joint and Dual Academic Awards is attached to this policy for review and reference.

Implementation: May 1, 2019

Maintenance and Review of the Policy: The President/CEO and Larkin University Senior Leadership is responsible for the implementation and compliance of this mandatory policy. This policy will be reviewed every four years for its effectiveness. All administrative policies of Larkin University can be accessed electronically at ularkin.org or can be obtained from the Human Resources Department.

Document History
Date adopted by Board of Trustees: 4/19
Date reformatted: 4/19
Date reviewed: 7/21
Next scheduled review date:
AGREEMENTS INVOLVING JOINT AND DUAL ACADEMIC AWARDS:
POLICY AND PROCEDURES

Policy Statement

This policy pertains to agreements between institutions accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) and accredited or non-accredited degree-granting institutions of higher education throughout the world for purposes of awarding academic completion awards, e.g., certificates, diplomas, or degrees.

For the purposes of review by SACSCOC, the following definitions apply:

- An agreement by two or more institutions to grant dual academic awards is one whereby students study at two or more institutions and each institution grants a separate academic award bearing only its name, seal, and signature.
- An agreement by two or more institutions to grant a joint academic award is one whereby students study at two or more institutions and the institutions grant a single academic award bearing the names, seals, and signatures of each of the participating institutions.

While SACSCOC member institutions may use alternative terms for agreements involving dual or joint academic awards (for example, “affiliations” or “partnerships” or “collaborations”) for purposes of reporting agreements involving dual or joint academic awards, they are responsible for using the above definitions and for following the appropriate procedures described below.

For the reporting of other arrangements or agreements not involving dual or joint academic awards, member institutions should consult the Substantive Change Policy and reporting requirements for other reviews by SACSCOC.

Responsibilities of SACSCOC Member Institutions

Provide Appropriate Information to SACSCOC: Member institutions are responsible for providing notification to SACSCOC of agreements involving dual or joint academic awards, providing signed copies of the agreements, and providing any other documentation or information required by SACSCOC policies and procedures for review. Specific required documentation is listed below.

Ensure Access to Partner Institutions’ Information: The member institution is responsible for ensuring that SACSCOC has timely access to the partner institutions’ materials, physical site(s) and personnel in conjunction with accreditation activities.

Ensure the Integrity of their Accreditation and their Awards: Because the SACSCOC accreditation that has been awarded to a member institution is not transferable to a partner institution – either in actuality or appearance
SACSCOC prohibits the use of its accreditation to authenticate courses, programs, or awards offered by organizations not so accredited with which it has formed partnerships. Likewise, member institutions are responsible for ensuring the quality of courses, programs, or awards offered through relationships with other institutions, particularly those resulting in dual or joint academic awards.

Provide a Disclaimer Statement: Member institutions entering into agreements with institutions not accredited by SACSCOC for the awarding of either dual or joint academic awards and their non-SACSCOC partner institutions must use the following disclaimer statement in any materials describing the relationship. The member institution is responsible for reviewing, approving, and monitoring the non-SACSCOC partner institutions' statements of relationship to ensure conformity with the disclaimer:

[Name of SACSCOC member institution] is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award [state degree levels]. [Name of partner institution] is not accredited by SACS Commission on Colleges and the accreditation of [name of member institution] does not extend to or include [name of partner institution] or its students. Further, although [name of member institution] agrees to accept certain course work from [name of partner institution] to be applied toward an award from [name of member institution], that course work may not be accepted by other colleges or universities in transfer, even if it appears on a transcript from [name of member institution]. The decision to accept course work in transfer from any institution is made by the institution considering the acceptance of credits or course work.

Ensure Appropriate Percentages of Work Offered by the Member Institution: To receive an undergraduate academic award, students must earn 25 percent or more of the credits required for the award through the SACSCOC member institution’s own direct instruction. To receive a graduate academic award, students must earn one-third or more of the credits through the SACSCOC member institution’s own direct instruction.

Avoid Use of the SACSCOC Logo: Neither member nor partner institutions may use the SACSCOC logo in any of their materials or on websites. Use of the logo is reserved exclusively for the Southern Association of Colleges and Schools Commission on Colleges.

Ensure the Quality of Credits Recorded on Transcripts: When evaluating, accepting, and transcripting credits awarded through an agreement involving dual or joint academic awards, the member institution must ensure the following:

- Examine courses transferred in and transcripted from partner institutions to ensure that they meet the requirements of the member institution and the requirements of The Principles of Accreditation. (See a list of applicable requirements below.)
- Assess and monitor effectively courses and components completed through instruction by partner institutions. The assessment and monitoring should be accomplished by academically-qualified persons.
- Record on the academic transcript the name of the institution from which a course is taken. If a member institution desires to transcript as its own a course taken through an agreement with a partner institution, it must be able to demonstrate that the instruction was provided under the member’s supervision and included approval of the academic qualifications of each instructor in advance and that regular evaluation of the effectiveness of each instructor occurs.
- Disclose fully the nature of the agreement on the transcript of the institutions awarding the degree.
- Reflect accurately in its catalog the courses being offered through the agreement if they are available to its own students as part of an educational program.
- Ensure that qualified and competent faculty members at each participating institution agree on the content and teaching methodologies of courses and education programs and on the qualifications of the faculty members who teach in the programs. Qualifications of teaching faculty must comply with the faculty competence requirements of the Principles of Accreditation.
- Ensure that the educational outcomes of a major or concentration offered as part of dual or joint award agreements are (1) comparable to the outcomes of the same major or concentration offered by the institutions or, if not offered by any of the participating institutions, (2) comparable to the outcomes of a peer institution external to the agreement that offers the same educational program’s major or concentration.

- Ensure that, within the agreement, there is appropriate faculty accountability to the institutions accepting the credit, perhaps through dual faculty appointments or other approaches that include evaluation by the accepting institution.

**Ensure Compliance with Appropriate SACSCOC Requirements:** Standards in the *Principles of Accreditation* which affect the implementation of agreements involving dual and joint academic awards are listed below. They should be considered when developing the agreement, documentation of compliance, and, if relevant, a substantive change prospectus:

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<tr>
<th>Standard</th>
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<td>&quot;Substantive Change for Accredited Institutions&quot;</td>
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<td></td>
<td>&quot;Distance and Correspondence Education&quot; (if applicable)</td>
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Prior Notification: Entering into an agreement with a member or non-member institution involving a dual academic award is a substantive change that requires an institution to submit a letter of notification six months prior to implementation of the agreement and a final signed copy of the agreement. Formal, written acceptance of that notification and agreement by SACSCOC is required before implementation of the provisions of the agreement. (See note at the end of this policy for additional requirements if the agreement involves a new program which is significantly different from currently offered programs or an off-campus site where students may earn 50 percent or more of the credit in a program.) Expectations are that the agreement will reflect assumption of responsibility on the part of the member institution for the academic quality of any course work or credit recorded on the institution’s transcript and accepted toward a dual academic award. The following should be submitted to SACSCOC:

- A notification letter that includes a statement of intent, the anticipated beginning date of the agreement, a description of the agreement, the complete address/location of the parties involved in the agreement, and information for contact persons at each participating institution regarding the agreement.
- A copy of the final signed agreement.

Report responsibilities and procedures when developing agreements for joint academic awards

Participating in agreements involving the offering of joint academic awards (as defined above) falls into three categories. Reporting responsibilities differ depending on the accreditation status of the institutions which are partnering with the SACSCOC member institution.

Category One: A SACSCOC member institution and partner institutions that are all SACSCOC accredited

Prior Notification by Each Member Institution: Entering into a joint academic award agreement with partner institutions which are all SACSCOC accredited institutions is a substantive change that requires (1) submission of prior notification at least six months in advance of implementation of the agreement and (2) a final signed copy of the agreement. Formal, written acceptance of the agreement by SACSCOC is required before implementation of the provisions of the agreement. (See note at the end of this policy for additional requirements if the agreement involves a new program which is significantly different from currently offered programs or an off-campus site where students may earn 50 percent or more of the credit in a program.) Expectations are that the agreement will reflect assumption of responsibility on the part of the member institution for the academic quality of any course work or credit recorded on the institution’s transcript and accepted toward a joint academic award. The following should be submitted to SACSCOC:

- A notification letter that includes a statement of intent, the anticipated beginning date of the agreement, a description of the agreement, the complete address/location of the parties involved in the agreement, and information for contact persons at each participating institution regarding the agreement.
- A copy of the final signed agreement.

Category Two: A SACSCOC member institution and at least one partner institution that is accredited by a U.S. Department of Education-recognized accreditor other than SACSCOC

Prior Notification by SACSCOC Member Institution: Entering into a joint academic award agreement with at least one partner institution which is accredited by a USDOE-recognized accreditor other than SACSCOC is a substantive change that requires (1) submission of prior notification at least six months in advance of
implementation of the agreement along with the required documentation listed below and (2) a final signed copy of the agreement. Formal, written approval of the agreement by SACSCOC is required before implementation of the provisions of the agreement. (See note at the end of this policy for additional requirements if the agreement involves a new program which is significantly different from currently offered programs or an off-campus site where students may earn 50 percent or more of the credit in a program.) Expectations are that the agreement will reflect assumption of responsibility on the part of the member institution for the academic quality of any course work or credit recorded on the institution's transcript and accepted toward a joint academic award. The following should be submitted to SACSCOC:

- A letter of notification that includes a statement of intent, the anticipated implementation date for the agreement, a description of the proposed agreement, the address/location of each institution involved in the agreement, and information for the contact person at each participating institution.
- A copy of the final signed agreement.
- Documentation that the non-SACSCOC partner institution is not on a public sanction with its accreditor.
- Documentation that the courses or programs of the non-SACSCOC Partner institution(s) are consistent with the educational purpose and goals of the SACSCOC-accredited institution(s).
- Documentation that the institution meets the provisions of Standard 10.9 (Cooperative academic arrangements), including the analysis of credits accepted in transfer.
- A plan to monitor and ensure that the quality of contributions made by the partner institution(s) meets SACSCOC expectations.
- A plan and process produced by the SACSCOC-accredited institution(s) ensuring that the agreement and awarding of a joint award does not result in the appearance of extending SACSCOC accreditation to partner institutions through promotional materials, academic publications, student transcripts, credentials verifying program completion, and releases to the news media. (See the disclaimer statement above.)
- Prototypes of official academic documents (e.g. student transcript, degree, diploma, certificate) involved in the agreement.

Category Three: A SACSCOC member institution and at least one partner institution that is not accredited by a USDE-recognized accreditor

Prior Notification by SACSCOC Member Institution: Entering into a joint academic award agreement with at least one partner institution which is not accredited by a USDOE-recognized accreditor is a substantive change that requires (1) submission of prior notification at least six months in advance of implementation of the agreement along with the required documentation below and (2) a final signed copy of the agreement. Formal, written approval of the agreement by SACSCOC is required before implementation of the provisions of the agreement. (See note at the end of this policy for additional requirements if the agreement involves a new program which is significantly different from currently offered programs or an off-campus site where students may earn 50 percent or more of the credit in a program.) Expectations are that the agreement will reflect assumption of responsibility on the part of the SACSCOC member institution for the academic quality of any course work or credit recorded on the institution's transcript and accepted toward a joint academic award. The following should be submitted to SACSCOC:

- A notification letter that includes a statement of intent, the anticipated beginning date for the agreement, a description of the proposed agreement, the address/location of each institution involved in the agreement, and information for the contact person(s) at each participating institution.
- A copy of the final signed agreement.
- A description of (1) any external governmental or accrediting agency approval for the institution(s) or program(s) involved in the agreement, excluding the SACSCOC institution(s), (2) the process of quality assurance used by the agency granting this approval, and (3) any required legal or licensing approvals.
• Documentation that the courses or programs of the non-SACSCOC Partner institution(s) are consistent with the educational purpose and goals of the SACSCOC-accredited institution(s).

• Documentation that the institution meets the provisions of Standard 10.9 (*Cooperative academic arrangements*), including the analysis of credits accepted in transfer.

• Documentation that faculty involved in the collaboration are qualified to teach assigned components or courses and a description of the means by which the SACSCOC-accredited institution(s) will monitor these qualifications (Submit a completed SACSCOC Faculty Roster Form.)

• Documentation describing the physical and learning resources that will support the collaboration.

• A plan and process to monitor and ensure that the quality of contributions made by the partner institution(s) meets applicable SACSCOC requirements A plan and process produced by the SACSCOC-accredited institution(s) ensuring that the agreement does not result in the appearance of extending SACSCOC accreditation to partner institutions through promotional materials, academic publications, student transcripts, credentials verifying program completion, and releases to the news media. (See the disclaimer statement above).

• Prototypes of official academic documents (e.g. student transcript, degree, diploma, certificate) involved in the agreement.

When necessary to ensure compliance with SACSCOC requirements, SACSCOC may request additional information concerning any of these agreements involving joint and dual academic awards.

**Note:** *If the joint or dual academic award arrangement involves offering 50 percent or more of a program at a previously unapproved off-campus site by a member institution or involves offering a new program which is significantly different from currently offered approved programs, notification is due six months prior to the implementation date with a prospectus for approval due at least three months prior to implementation.*

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**Document history**

*Note: Previously called “Collaborative Academic Arrangements”*

**Approved:** SACSCOC Board of Trustees, June 2010

**Revised:** Executive Council, December 2010

Revised and Approved as “Agreements Involving Joint and Dual Academic Programs”:

**Approved:** SACSCOC Board of Trustees, December 2012

Reformatted: July 2014

*Updated to reflect revised Principles: July 2018*
Larkin University  
18301 N. Miami Ave.  
Miami, FL 33169

Policy on Board Dismissal/Removal

**Purpose:** The fundamental purpose of the Board of Trustees (BOT) is to provide sound governance, fiduciary and strategic oversight and direction to the university. It must ensure all trustees operate with the highest degree of ethical, legal & professional standards to ensure the public’s trust. Failure to do so puts the university at risk. Therefore, the BOT must establish a policy to remove a trustee for cause.

**Policy:** A Trustee may be removed by majority vote of the Board of Trustees only for appropriate reason and by a fair process. Any removal for cause, including, without limitation, for failure to perform duties, failure to attend regular board meetings, incompetence, malfeasance, or conduct inconsistent with or detrimental to the mission of the University, may take place only after due notice in writing and an opportunity to respond has been given to the Trustee in question. Members of the Board must attend two thirds of all board meetings in any year. Additional information can be found in the BOT By-Laws document.

**Implementation Date:** May 1, 2019

**Maintenance and Review of the Policy:** The Chairman of the Board of Trustees is responsible for the implementation and monitoring of this policy in collaboration with University Counsel and following protocol in the approved By-Laws of Larkin University. This policy will be reviewed every four years for its effectiveness. All administrative policies of Larkin University can be accessed electronically at ularkin.org or can be obtained from the Human Resources Department.

**Document History**

Date adopted by Board of Trustees: 4/19
Date reformatted: 4/19
Date reviewed: 1/21
Next scheduled review date:
Larkin University
18301 N. Miami Ave.
Miami, FL 33169

Policy on Board Self Evaluation

Purpose: The fundamental purpose of the Board of Trustees (BOT) is to provide sound governance, fiduciary and strategic oversight and direction to the university. The BOT must ensure that it functions effectively and meets its responsibilities. Therefore, the BOT must establish a policy for self-evaluation on an annual basis.

Policy: All University Board members are required to complete an annual self-evaluation. This will be completed annually. The Chief Executive Officer will assist in meeting this policy by providing materials and support.

Implementation: Feb. 1, 2019

Maintenance and Review of the Policy: The Chair of the Board of Trustees is responsible for the implementation and monitoring of this policy in collaboration with Governance Committee. This policy will be reviewed every four years for its effectiveness. All administrative policies of Larkin University can be accessed electronically at ularkin.org or can be obtained from the Human Resources Department. This policy will be reviewed every four years for its effectiveness.

Document History
Date adopted by Board of Trustees: 4/19
Date reformatted: 4/19
Date reviewed: 7/21
Next scheduled review date:
Larkin University  
1830 N. Miami Ave.  
Miami, FL 33169

Policy on Budget and Budget Process

Purpose: The Larkin University budget process is designed to be the vehicle that brings together all planned activities into one master set of actions to meet the university mission. The budget provides administrators and managers with a planning tool that assists in the determination of departmental goals.

Policy:

Budget Policy: The annual budget is developed consistent with the overall mission of the University as well as the goals of each respective department and area. The approved annual University budget summarizes approved University operating expenses for the fiscal year. The approved budget has appropriate detail by department and expense for operational purposes. The departmental budget serves as tool for decision-making and planning. The University’s budget is developed at the departmental level and approved by the appropriate members of the University administration. Once developed, the budget is combined with revenue and enrollment projections and submitted to the Board of Trustees for approval.

Budget Policy Process: Budget worksheets that contain actual prior expenses are made available in advance of the new fiscal year. The appropriate Deans, Department Heads, and Academic Chairpersons, in conjunction with the faculty and support staff, work with the anticipated expense data to create a proposed expense budget for the subsequent fiscal year. Both the department head and chairperson, or dean, of the appropriate college must approve this proposed (line item) expense budget. The proposed expense budget is then submitted to the Chief Financial Officer (CFO) to be compiled into the University’s budget for review and consideration by the President/CEO and ultimately the Board of Trustees. In the event, the budget is not balanced, the departments may be asked in writing to change their proposed departmental operating budget by a specified dollar amount or percentage.

Implementation Date: May 1, 2019

Maintenance and Review of the Policy: The Chief Financial Officer is responsible for the implementation and monitoring of this mandatory policy. The Budget Planning Process is evaluated every two years through various methodologies, including survey of users of the
budget process, to determine its effectiveness. All administrative policies of Larkin University can be accessed electronically at ularkin.org or can be obtained from the Human Resources Department. This policy will be reviewed every four years for its effectiveness.

Document History
Date adopted by Board of Trustees: 4-19
Date reformatted: 4-19
Date reviewed: 7-31
Next scheduled review date:
Larkin University
1830 N. Miami Ave.
Miami, FL 33169

Policy on Campus Environment

**Purpose:** To ensure a safe, healthy and secure environment for all members of the Larkin community.

**Policy:** Larkin is committed to taking all necessary steps to ensure a safe, secure, healthy environment. The employee handbook provides details of benefits and procedures to regulate our campus environment to meet this commitment. These include: campus security, parking compliance, smoke & drug free environment, anti-discrimination & harassment, work place organization, appropriate attire, technology use, and others. It is the responsibility of each member/person to be familiar with campus regulations as well as their implementation. We are accountable for our environment. Larkin University has also committed to follow regulations and guidelines of the Cleary Act. The Facilities Manager and Senior Management are available for assistance and suggestions to make Larkin University a safe place to work and study. Larkin is committed to open feedback, so remember, “See Something, Say Something”. Survey data on our campus environment will be reported bi-annually to the administration to measure our effectiveness in providing an excellent campus environment.

**Implementation Date:** May 1, 2019

**Maintenance and Review of the Policy:**
The Director of Facilities and Senior Management are responsible for the implementation of this mandatory policy. All administrative policies of Larkin University can be accessed electronically at ularkin.org or can be obtained from the Human Resources Department. This policy will be reviewed every two years for its effectiveness.

**Document History**
Date adopted by Board of Trustees: **4-19**
Date reformatted: **4-19**
Date reviewed: **7-21**
Next scheduled review date:
Larkin University  
1830 N. Miami Ave.  
Miami, FL 33169  

Policy on Conflict of Interest  

Purpose: The Conflict of Interest Policy refers to any case where a personal interest might contradict the interest of the company. This is an unwanted circumstance as it may have heavy implications on your judgement and commitment to the Larkin University and by extension to the realization of the goals of Larkin University. The policy applies to all members of the Board of Trustees, Employees, and independent contractors affiliated with Larkin University.

Policy: The relationships of a company should be based on mutual trust. In general, members of the Board of Trustees, Employees, and Independent Contractors are advised to refrain from letting personal and/or financial interests and external activities come into opposition with the company’s fundamental interests.

Conflict of interest may occur whenever an employee’s interest in a particular subject may lead them to actions, activities or relationships that undermine the company and may place it to disadvantage. Conflict of interest may take many different forms that include, but are not limited to:

- The ability to use your position with the University for your personal advantage
- Engaging in activities that will bring direct or indirect profit to a competitor
- Using connections obtained through the University for your own private purposes
- Using Larkin University equipment or means to support an external business
- Acting in ways that may compromise the University legally (taking bribes, or bribing others legal authorities, making promises violate requirements)
- Engaging in paid activities or other projects with co-affiliates or research institutions

The possibility that a conflict of interest may occur can be addressed and resolved before any actual damage is done. Therefore, when you understand or suspect that a conflict of interest exists, bring this matter to someone’s attention so corrective actions may be taken. In the case of a member of the BOT, please contact the Chairman of the Board. All Employees and Independent Contractors should bring matters to the attention of the next level supervisor. All conflicts of interest will be resolved as fairly as possible. In cases where a conflict of interest is deliberately concealed or when a solution cannot be found, disciplinary action may be invoked up to and including termination or dismissal from the BOT. Additional details regarding conflict of interest can be found in the Larkin University By-Laws or Employee Handbook.
Implementation Date: May. 1, 2019

Maintenance and Review of the Policy:
BOT and Senior Management have the responsibility for the monitoring of this policy and will review the policy for its effectiveness every two years. All administrative policies of Larkin University can be accessed electronically at ularkin.org or can be obtained from the Human Resources Department.

Document History
Date adopted by Board of Trustees: 4-19
Date reformatted: 4-19
Date reviewed: 7-4-1
Next scheduled review date:
Larkin University
18301 N. Miami Ave.
Miami, FL 33169

Policy on Degree Granting Authority

Purpose: The By-Laws of Larkin University grant the authority to the Board of Trustees to confer degrees to students who complete all requirements in their academic discipline.

Policy: Larkin University is proud and privileged to recognize persons who have successfully completed all requirements within their academic discipline and educational program. Upon approval of the Faculty and recommendation of the Dean of the College, the Board of Trustees will confer their degree at our annual commencement ceremony. An Institutional Policy on Degree Granting Authority has been adopted by the BOT to reflect this authority. On behalf of the BOT, the President/CEO will issue the diploma upon completion of all degree requirements.

Implementation Date: May 1, 2019

Maintenance and Review of the Policy:
This is a mandatory policy. The individual college granting a degree is responsible for implementing this policy and ensuring the completion of all degree requirements for each student who is recommended for degree conferral. All administrative policies of Larkin University can be accessed electronically at ularkin.org or can be obtained from the Human Resources Department. This policy will be reviewed every four years for its effectiveness.

Document History
Date adopted by Board of Trustees: April 2019
Date reformatted: April 2019
Date reviewed: 7/21
Next scheduled review date:
Larkin University
18301 N. Miami Ave.
Miami, FL 33169

Policy on Degrees and Programs

Purpose: The purpose of this policy is to provide a process for approval, and review of all degrees and programs offered by Larkin University. The expectation is that all degrees and programs align with the mission of LU, have obtained appropriate approval and meet the highest standard of organization and program policy. The policy affirms LU’s commitment to annual review of its outcomes and periodic reviews of its programs/degrees.

Policy: All degrees and programs offered by Larkin University must fall within the scope of the mission of Larkin University. All programs as well as proposals for new degrees/programs must be completed in collaboration with the Dean of the respective college. New proposals must be supported by the President/CEO. The BOT will make final decisions on the development and continuation of all degrees and programs offered by LU. Larkin University will commit to tracking achievements and outcomes of its students and programs on an ongoing basis. An annual review of each degree/program will be submitted to the senior administration. Results of the annual review will be submitted to the BOT.

Implementation: May 1, 2019

Maintenance and Review of the Policy:
The implementation and monitoring of this mandatory policy will be the responsibility of the Dean of each respective. The annual review of each degree/program shall serve to monitor the progress and outcomes of each program and be shared with other leaders at Administrative Council for guidance and advice. This policy will be reviewed every two years for its effectiveness. All administrative policies of Larkin University can be accessed electronically at ularkin.org or can be obtained from the Human Resources Department.

Document History
Date adopted by Board of Trustees: 4/2019
Date reformatted: 4/2019
Date reviewed: 
Next scheduled review date:
Larkin University
1830 N. Miami Ave.
Miami, FL 33169

Policy on Dissemination of Policies and Program Information

**Purpose:** The role of Communication in an organization is vital to its overall success. To that end, Larkin University has adopted a policy of Dissemination of Policies and Program Information. It is intended that everyone is aware of institutional policies as well as program information within the broader Larkin community. It is the responsibility of everyone to share information and keep everyone informed of changes through honest, open communication.

**Policy:**

The university recognizes that in order to be successful, it must communicate clearly and be understood by members of the entire university community. It is the responsibility of the President/CEO and the Senior Administration to coordinate internal and external dissemination of program information and policies.

Internal dissemination of information includes the following:

- Development of policy manuals, catalogs and employee and student handbooks accessible to everyone
- Policy & Program changes be circulated in memoranda to all deans, departmental heads, supervisors, and students (when appropriate)
- Special meetings with deans, departmental, supervisors and students (when appropriate) to discuss the intent of the policies and individual responsibility for effective implementation.
- Electronic copies of all policies, handbooks and catalog be available on the Larkin University website
- Hard copy of the Policy Manual, Catalog and all Handbooks be available in the Human Resources Department.

External dissemination of information includes:

- Informing all recruiting or vendor sources of applicable university policies.
- Including policy clauses in all contracts of the university when applicable.

**Implementation Date:** May 1, 2019
Maintenance and Review of the Policy:
The President/CEO and Senior Leadership of Larkin University are held accountable for ensuring that policies and program information is disseminated to everyone. This is a mandatory policy and will be closely monitored by employee and student survey. The policy will be reviewed annually to measure our effectiveness in communicating policies and program information. All administrative policies of Larkin University can be accessed electronically at ularkin.org or can be obtained from the Human Resources Department.

Document History
Date adopted by Board of Trustees: 4/19
Date reformatted: 4/19
Date reviewed: 7-21
Next scheduled review date:
Policy on Frequency of Review of Mission

Purpose: The purpose of this policy is to define the procedure and responsibilities for periodically reviewing and revising as needed the university’s mission and vision statements.

Policy: The mission statement of Larkin University mission as approved by the Board of Trustees shall be reviewed annually who will make a recommendation to the President that the statement remain unchanged pending the next scheduled review or that a broader review involving the campus community be undertaken if it appears advisable.

Implementation Date: May 1, 2019

Policy Maintenance and Review:
The Office of the CEO is responsible for implementation and monitoring of this policy. This policy and procedure will be reviewed every four years by the Administrative leadership of Larkin University for its effectiveness with recommendations for revision presented to the president/CEO. All administrative policies of Larkin University can be accessed electronically at ularkin.com or can be obtained from the Human Resources Department.

Document History
Date adopted by Board of Trustees: Dec. 2018
Date reformatted: Dec. 2018
Date reviewed:
Next scheduled review date:
Larkin University  
1830 N. Miami Ave.  
Miami, FL 33169

Policy on Institution Related Entities

**Purpose:** The purpose of this policy is to ensure that any additional entities, organizations or activities formed support the mission of Larkin University and operate within university guidelines.

**Policy:** All entities or organizations formed to support Larkin University will align with the mission of Larkin University. These organizations/activities (i.e. fund-raising) are under the control of the CEO of Larkin University. For any entity organized separately from the institution and formed primarily for the purpose of supporting the institution or its programs, it must meet the following criteria:

1. the legal authority and operating control of the institution will be clearly defined;
2. the relationship between that entity to the institution as well as any liability arising out of that relationship is described in a formal, written manner; and
3. the chief executive officer controls any fund-raising activities of that entity.

**Implementation:** May 1, 2019

**Maintenance and Review of the Policy:** The BOT and President/CEO will have the responsibility to implement and monitor this mandatory policy. This policy will be reviewed every four years for its effectiveness. All administrative policies of Larkin University can be accessed electronically at ularkin.org or can be obtained from the Human Resources Department.
Larkin University
18301 N. Miami Ave.
Miami, FL 33169

Policy on Institutional Integrity

Purpose: Institutional Integrity is essential to the purpose of higher education. It functions as the basic covenant defining relationships in which all parties agree to deal honestly and openly with their constituents and with one another.

Policy: In pursuing our mission, the Larkin University attempts to promote and conform to the highest standards of academic excellence, ethical research, scholarly conduct and professional behavior. Each of us is responsible to perform our position functions at the highest standards and operate from a position of honesty and openness with all members of the Larkin community.

Implementation Date: May 1, 2019

Policy Maintenance and Review:
Everyone affiliated with Larkin University is expected to adhere to the Policy on Integrity. Each of us has the responsibility to ensure compliance with this mandatory policy. Violations of this policy should be submitted in writing directly to Human Resources who will review and investigate this matter. The University will seek to protect and preserve the reputation and positions of those who have made allegations of misconduct in good faith, and also the reputations and positions of those who have been the object of allegations found to be false. Accusers and the accused will have appropriate opportunities to respond to findings. A good faith effort will be made to keep the procedures of inquiry and identities of those involved confidential.

All administrative policies of Larkin University can be accessed electronically at ularkin.org or can be obtained from the Human Resources Department. This policy will be reviewed for effectiveness every two years.

Document History
Date adopted by Board of Trustees: 4/2019
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Date reviewed: 7/21
Next scheduled review date:
INTEGRITY AND INSTITUTIONAL OBLIGATIONS TO SACSCOC

Policy Statement

Institutional integrity serves as the foundation of the relationship between the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) and its member and candidate institutions. This fundamental philosophy is reflected in the Principles of Accreditation.

Integrity, essential to the purpose of higher education, functions as the basic contract defining the relationship between the Commission and each of its member and candidate institutions. It is a relationship in which all parties agree to deal honestly and openly with their constituencies and with one another. Without this commitment, no relationship can exist or be sustained between the Commission and its member and candidate institutions.

Integrity in the accreditation process is best understood in the context of peer review, professional judgment by peers of commonly accepted sound academic practice, and the conscientious application of the Principles of Accreditation as mutually agreed upon standards for accreditation. The Commission's requirements, policies, processes, procedures, and decisions are predicated on integrity.

SACSCOC expects integrity to govern the operation of institutions and for institutions to make reasonable and responsible decisions consistent with the spirit of integrity in all matters. Therefore, evidence of withholding information, providing inaccurate information to the public, failing to provide timely and accurate information to the Commission, or failing to conduct a candid self-assessment of compliance with the Principles of Accreditation and to submit this assessment to the Commission, and other similar practices will be seen as the lack of a full commitment to integrity. The Commission’s policy statement “Integrity and Institutional Obligations to SACSCOC” gives examples of the application of the principle of integrity in accreditation activities. The policy is not all-encompassing nor does it address all possible situations. Failure of an institution to adhere to the integrity principle may result in a loss of accreditation or candidacy.

The Principles includes the following requirement:

CR 1.1 The institution operates with integrity in all matters.

As a condition of candidacy or membership in SACSCOC, the institution agrees to document its compliance with the requirements of the Principles of Accreditation; to comply with Commission requests, directives, decisions and policies; and to make complete, accurate and honest disclosure to the Commission.

The SACSCOC’s policy “Sanctions, Denial of Reaffirmation, and Removal from Membership” states that SACSCOC requires a member institution to comply with the Principle of Integrity, Core Requirements, Comprehensive Standards, Federal Requirements, and SACSCOC’s policies and procedures, and to provide information as requested by the Commission in order to maintain membership and accreditation.
In order to comply with these requirements for integrity and accuracy in reporting in its relationships with the Commission, the president of the institution is obligated to review and ensure the accuracy and integrity of materials submitted by the institution, such as the Compliance Certification and Quality Enhancement Plan. In addition, an institution shall meet the following expectations:

1. Ensure that all documents submitted to SACSCOC are candid and provide all pertinent information, whether complimentary or otherwise. With due regard for the rights of individual privacy, every institution applying for candidacy, extension of candidacy, accreditation, or reaffirmation of accreditation, as well as every candidate and accredited institution, provide the Commission with access to all parts of its operations, and with complete and accurate information about the institution’s affairs, including reports of other accrediting, licensing, and auditing agencies.

2. Respond in a timely manner to requests by SACSCOC for submission of dues, fees, reports, or other information.

3. Ensure that information submitted to SACSCOC (such as that provided in the annual institutional profile, institutional responses to visiting committee reports, and monitoring reports) is complete, accurate, and current. An institution is obligated to notify the Commission office of any bankruptcy filing.

4. Cooperate with the Commission in preparation for visits, receives visiting committees in a spirit of collegiality, and complies with SACSCOC’s requests for acceptable reports and self-analyses.

5. Report substantive changes, including the initiation of new programs or sites outside the region, or new sites within the region in accordance with SACSCOC’s policy on substantive change.

6. Provide counsel and advice to the Commission, and agree to have its faculty and administrators serve, within reason, on visiting teams and on SACSCOC committees.

7. Provide SACSCOC or its representatives with information requested and maintain an openness and cooperation during evaluations, enabling evaluators to perform their duties with maximum efficiency and effectiveness.

SACSCOC accredits institutions, not individuals. Therefore, any individual who reports to SACSCOC on behalf of an institution—either by virtue of his or her office or as delegated by the chief executive officer of the institution—obligates the institution in all matters regarding institutional integrity.

Document History
Approved: Commission on Colleges, June 1993
Revised in accord with the Principles of Accreditation: February 2004
Revised in accord with the Principles: December 2006, December 2012
Edited March 2014
Reformatted: August 2014
Revised: SACSCOC Board of Trustees, June 2017
Edited for the 2018 Edition of the Principles of Accreditation: August 2018
Policy on Institutional Obligation for Public Disclosure

Purpose: The purpose of this policy is to ensure that all communications to the students, constituents and the public regarding Larkin University are timely, complete, accurate and broadly disseminated consistent with our policy of integrity and requirements of accreditation.

Policy: Larkin University adheres to the SACSCOC policy on Institutional Obligations for Public Disclosure. The policy states, "A candidate or accredited SACSCOC institution is obligated to provide to its students, constituents, and the public information about itself that is complete, accurate, timely, accessible, clear and sufficient."

Policy Sections
- Larkin University's catalog and handbooks describe the University consistent with its mission statement and are available in print and on the university website.
- Larkin University's print and electronic communications consistent and accurately portray the conditions and opportunities available at the University.
- Larkin University publishes the location and programs with a description of programs and services in both the catalog and handbooks.
- Larkin University publishes goals for student achievement in the student handbook and success of students in achieving goals on the website.
- Larkin University provides valid documentation for any statements and promises regarding matters such as program excellence, learning outcomes, success in placement, and achievements of graduates or faculty.
- Larkin University publishes its current accredited status accurately and explicitly.

Implementation: May 1, 2019
Maintenance and Review of the Policy:
The CEO and Dean of each respective college working collaboratively are responsible for the implementation and monitoring of this mandatory policy. An annual review of university documents and website will confirm alignment of content. This policy will be reviewed every three years for its effectiveness. All administrative policies of Larkin University can be accessed electronically at ularkin.org or can be obtained from the Human Resources Department.

Document History
Date adopted by Board of Trustees: 4/2019
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Next scheduled review date:
INSTITUTIONAL OBLIGATIONS FOR PUBLIC DISCLOSURE

Policy Statement

A candidate or accredited SACSCOC institution is obligated to provide to its students, constituents, and the public information about itself that is complete, accurate, timely, accessible, clear and sufficient. Information provided to the public includes the following:

- The institution’s current catalogue describes the institution consistent with its mission statement and sets forth the obligations and responsibilities of both students and the institution. Institutions relying on electronic catalogues ensure the availability of archival editions sufficient to serve the needs of alumni and former and returning students.

- All forms of print and electronic communications officially representing the institution are consistent with catalogue content and accurately portray the conditions and opportunities available at the institution. (See also SACSCOC's policy "Student Advertisement and Recruitment.")

- The institution publishes the locations and programs available at branch campuses, and other off-campus instructional locations, including those overseas operations at which students can enroll for a degree, along with a description of the programs and services available at each location.

- The institution publishes statements of its goals for student achievement and the success of students in achieving those goals. Information on student success may include reliable information in retention, graduation, course completion, licensure examinations, and job placement rates and other measures of student success appropriate to institutional mission.

- The institution has readily available valid documentation for any statements and promises regarding such matters as program excellence, learning outcomes, success in placement, and achievements of graduates or faculty.

Representation of status with SACSCOC

The institution is expected (1) to be accurate in reporting to the public its status with SACSCOC and (2) to publish the name of its primary accreditor and its address and phone number in accordance with federal requirements. In order to meet these requirements, the institution publishes one of the following statements in its catalog or website:

Statement for Accredited Institutions

(Name of member institution) is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award (name specific degree levels, such as associate, baccalaureate, masters, and doctorate). Contact the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of (name of member institution).

Statement for Candidate Institutions
(Name of candidate institution) is a candidate for accreditation by the Southern Association of Colleges and Schools Commission on Colleges to award (name specific degree levels, such as associate, baccalaureate, masters, doctorate). Contact the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the status of (name of candidate institution).

In all cases, when accredited status is affirmed in institutional catalogs and other official publications, it is stated accurately and is not misrepresented.

- Accreditation granted by an institutional accrediting body has reference to the quality of the institution as a whole. Because institutional accreditation does not imply specific accreditation of any particular program in the institution, statements like “this program is accredited,” or “this degree is accredited,” are incorrect and misleading.

- “Free-standing” institutions offering programs in a single field (e.g., a school of art, engineering, or theology) and granted accreditation by a regional or national institutional accrediting body alone, clearly state that this accreditation does not imply specialized accreditation of the programs offered.

- No statement may be made about the possible future accreditation status with SACSCOC (e.g. “(Name of institution) has applied for candidacy with the Southern Association of Colleges and Schools Commission on Colleges”).

- The phrase “fully accredited” is not used, since partial accreditation is not possible.

Use of the SACSCOC Logo and Stamp of Accreditation

The SACSCOC “flame” Logo is trademarked, and its use by any member institution or other entity other than SACSCOC, Inc., is strictly prohibited. SACSCOC has also developed a trademarked Stamp of Accreditation for the exclusive use of member institutions. This Stamp may be used in conjunction with the full statement regarding accreditation provided above. Member institutions which have provided that full statement in the appropriate document(s) may choose to make reference to their accreditation status in flyers and other recruiting materials. In that case, the Stamp may appropriately be used with such abbreviated references, as well.

Document History
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