



September 8, 2016

BY CERTIFIED MAIL

Dr. Sam Minner, President
New Mexico Highlands University
105 Diamond Avenue
P.O. Box 9000
Las Vegas, New Mexico 87701

Dear President Minner:

This letter is formal notification of action taken by the Higher Learning Commission (“HLC” or “the Commission”) Board of Trustees (“the Board”) concerning New Mexico Highlands University (“the University” or “the institution”). During its teleconference meeting on August 31, 2016, the Board placed New Mexico Highlands University on Probation because the University is out of compliance with the Criteria for Accreditation and the Core Components identified in the Board’s findings as outlined below. This action is effective as of the date the action was taken. In taking this action, the Board considered materials from the most recent comprehensive evaluation, including but not limited to: the Assurance Argument the University submitted, the report from the comprehensive evaluation team, the report of the Institutional Actions Council (IAC) Hearing Committee, and institutional responses to these reports including the most recent response filed by the institution on August 5, 2016.

The Board required that New Mexico Highlands University submit an Assurance Filing no later than November 1, 2017, or at least six weeks prior to the comprehensive evaluation, providing evidence that the institution has ameliorated the findings of non-compliance identified in this action that resulted in the imposition of Probation and the findings of Met with Concerns, and providing evidence that the University meets the Criteria for Accreditation, the Core Components, Federal Compliance Requirements, and the Assumed Practices. Included in this report should be evidence of the following:

- Core Component 1.A: a broadly endorsed and formally approved mission statement including mission documents that guide University operations;
- Core Component 2.A:
 - 1) a personnel handbook for visiting and adjunct faculty approved by the Board of Regents; and
 - 2) evidence of development and approval processes that are consistent with shared governance procedures at the University;
- Core Component 3.C:
 - 1) formal approval of an institutional process and policy for evaluation of

- visiting/adjunct faculty; and
- 2) a coherent plan for orientation and professional updating of visiting/adjunct faculty along with evidence of implementation of the plan;
- Core Component 3.D with regard to the additional locations:
 - 1) adequate budget allocations for effective operations, teaching and learning;
 - 2) adequate physical facilities for teaching and learning; and
 - 3) appropriate attention to student concerns about these matters;
- Core Component 4.B with regard to the additional locations and the Main Campus:
 - 1) a formally approved assessment plan for informal (not embedded into degree programs) co-curricular programs/experiences that the University claims contribute to student learning outcomes; and
 - 2) the plan must include clearly stated goals, evidence-based methodology for assessment, a regular assessment schedule, a report template that includes “closing the loop” and dissemination of assessment information to key stakeholders, and incorporation of co-curricular program assessment into the officially approved University assessment handbook;
- Core Component 4.C:
 - 1) formally approved 2015-19 plan for improving student retention, persistence and completion;
 - 2) integrated planning process and endorsement/approval by required governance groups and internal officials in development of the plan; and
 - 3) realistic and justified goals and objectives, robust evaluation and design, institutional coordination and oversight, adequate resource allocations, and progress in implementation;
- Core Component 5.A:
 - 1) University accomplishments, plans and results in increasing and stabilizing its CFI, primary reserve ratio, and University reserves;
 - 2) use of new institutional capital planning strategies demonstrating progress to keep projects on time, within scope and on budget; and
 - 3) mission-driven, integrated and transparent strategic planning and budgeting decisions;
- Core Component 5.B:
 - 1) Board professional development, a self-assessment process, and engagement with the governance and HLC accreditation processes; and
 - 2) annual evidence that the Board understands and follows its fiduciary responsibilities and demonstrates policy-making in the best interest of the University; and
- Core Component 5.C:
 - 1) completed integrated planning process;
 - 2) accomplishments attained for the Strategic Plan-HU Vision 2020, as endorsed by all governance groups and approved by the Board of Regents; and
 - 3) sustained processes for strategic plan implementation, implementation of established budget procedures, and sustained accountability reporting.

The University will host a comprehensive evaluation no later than December 2017 to determine whether or not the University has ameliorated the findings of non-compliance that led to the imposition of Probation and whether or not the University meets the Criteria for Accreditation, and to make a recommendation about whether to remove Probation or take other action.

The Board will review the documents associated with the evaluation at its June 2018 meeting to determine whether the University has ameliorated the findings of non-compliance and has demonstrated that it is now in compliance with all Criteria for Accreditation and thus whether Probation shall be removed, or if the University has not ameliorated the findings of noncompliance and demonstrated compliance with the Criteria for Accreditation, whether accreditation should be withdrawn.

The Board based its action on the following findings made with regard to the University:

The University is out of compliance with Criterion Three, Core Component 3.C, “the institution has the faculty and staff needed for effective, high-quality programs and student services,” for the following reasons:

- The University has not demonstrated that its faculty provides effective, high-quality programs as required by this Core Component because formal processes for evaluation, orientation and professional development of visiting and adjunct faculty are not in place; although the institutional response indicated that such processes have been designed, they have yet to be implemented; and
- While the University in its August 2016 response provided a copy of its new handbook for visiting and adjunct faculty members, it has not yet demonstrated that this document has been accepted, and is being used, by the faculty.

The University is out of compliance with Criterion Three, Core Component 3.D, “the institution provides support for student learning and effective teaching,” for the following reasons:

- The University has not demonstrated that it provides appropriate support for student learning and effective teaching across the institution as required by this Core Component because:
 - despite the extensive services available to students at the main Las Vegas campus, there are concerns about the additional locations (Centers) including: availability, extent and effectiveness of services and support for student learning (e.g., advisement, registration and financial aid support); the limitations of the physical facilities (e.g., classrooms, office space, reading/meeting areas, and the ITV system for synchronous learning); and inadequacy of library and learning resources, and academic support (e.g., electronic resources available from the main campus library website, tutoring and related academic support);
 - the significant enrollment growth at the Centers has not been supported by greater financial investment to ensure that facilities and services are appropriately supporting student learning; and
 - students and faculty at the Centers have expressed dissatisfaction with the facilities, services and support at the Centers, but the institution has not taken appropriate, timely corrective action; and
- While the University in its August 2016 response explained its efforts to begin discussion about addressing the issues at the additional locations and appears to be

committed to improvement there, there is not yet evidence of an improved infrastructure supporting the additional locations or that the improvements now being discussed will support the goal of ensuring appropriate quality services at the locations.

The University is out of compliance with Criterion Four, Core Component 4.B, “the institution demonstrates a commitment to educational achievement and improvement through ongoing assessment of student learning,” for the following reasons:

- The University has not demonstrated a commitment to assessment of student learning as required by this Core Component because:
 - the University has yet to fully implement its assessment of student learning processes and demonstrates a lack of attentiveness to institutional progress in assessment;
 - the University has no assessment of student learning outcomes for co-curricular experiences, except for those embedded in academic degree programs;
 - assessment of student learning outcomes has been a longstanding challenge for the University that it has not resolved, having been identified as a challenge in the 2000 Comprehensive Report, an area of focus in the 2004 Focused Visit, and an area needing continuing attention in the 2009 Comprehensive Report;
- Both the IAC Hearing Committee and the visiting team concurred that the first step in addressing these issues is to assess the institution’s attrition, which still remains to be identified as a core problem with satisfactory solutions attempted or accomplished; and
- While the University in its August 2016 response described its work in this area, there remains some residual confusion between assessment of student learning and program review, with the most recent response focusing on program review rather than assessment of student learning, and there does not appear to have been a thorough assessment of the University’s attrition.

The University is out of compliance with Criterion Four, Core Component 4.C, “the institution demonstrates a commitment to educational improvement through ongoing attention to retention, persistence, and completion rates,” for the following reasons:

- The University has not demonstrated an ongoing commitment to retention, persistence and completion as required by this Core Component because:
 - student retention, persistence and completion is another example of the institution’s past inaction and lack of attentiveness since the 2009 Comprehensive Team Report;
 - the University’s history of inattention in these areas is consistent with the “starting-and-stopping” pattern evidenced for other Core Components;
 - after abandoning a previous Retention Plan and Retention Committee in 2008 with limited or no results, the University has recently reconstituted the Retention Committee and presented a new Draft Plan that had not been approved or implemented at the time of the team visit, and the University lacks any evidence that the plan will effectively demonstrate educational improvement; and

- recent appointments of the new President (July 2015) and other administrative personnel have refocused attention to these concerns, but their efforts are recent and have not demonstrated specific improvement in student retention or completion;
- Enrollment management/student recruitment, sufficiency of financial resources, and retention processes are recurrent issues of HLC review and monitoring, having been identified as a challenge in the 2000 Comprehensive Report, an area of focus in the 2004 Focused Evaluation, and an area of progress review in the 2009 Comprehensive Evaluation;
- The University's record demonstrates a lack of planning until recently, and a lack of coordinated institutional efforts and ongoing attentiveness to student retention, persistence, and completion since the 2009 Comprehensive Team Report; and
- While the University in its August 2016 response explained its efforts to begin to address retention and completion, it is not clear from the evidence provided that there is support from the institution's constituencies or funding to support these efforts, nor is there evidence as yet that these efforts will result in improvements in retention and completion.

The University is out of compliance with Criterion Five, Core Component 5.A, “the institution’s resource base supports its current educational programs and its plans for maintaining and strengthening their quality in the future,” for the following reasons:

- The University has not demonstrated that it has the financial resources to support its programs and its plans for maintaining and strengthening their quality, nor has it demonstrated appropriate financial practices in this regard, because:
 - the University’s history is marked by recurrent and unresolved fiscal concerns including revenue declines, an unstable CFI score, little evidence of sustained planning activities, and a 15-year history of financial concerns, as expressed in the 2000 Comprehensive Report leading to a 2004 Focused Visit, a 2009 Monitoring Report, and 2013 Financial Indicators Report, which indicate the University’s challenge in meeting this requirement;
- The University has not demonstrated evidence of a completed integrated planning process, any accomplishments attained for Strategic Plan-HU Vision 2020, or sustained processes for strategic plan implementation or established budget procedures; and
- While the University in its August 2016 response described positive cash flow as well as the likelihood of additional cuts from the state, there appeared to be no new financial resources since the Commission’s recent evaluation to assure improved financial support for educational operations now and in the future.

The University is out of compliance with Criterion Five, Core Component 5.B, “the institution’s governance and administrative structures promote effective leadership and support collaborative processes that enable the institution to fulfill its mission,” for the following reason:

- The University has not demonstrated practices consistent with effective governance and administrative structures as required by this Core Component because:
 - there is no ongoing Board training or understanding of the significance of what HLC stands for and its requirements and expectations;
 - although the institution is a member of the Association of Governing Boards (AGB), there is no evidence that they have used the services that AGB provides for educating board members or implementing best practices;
 - the Board lacks a self-assessment process;
 - the Board did not appear to have reviewed the Assurance Argument prior to its submission to HLC; and
 - the Board has not demonstrated effective leadership of the serious challenges at the institution with regard to finances, quality and student outcomes; and
- While the University in its August 2016 response explained that it had scheduled sessions with AGB for the Board and initiated a Board self-assessment process, that work is just beginning and has not yet become a regular process through which the Board assures its effectiveness.

The University is out of compliance with Criterion Five, Core Component 5.C, “the institution engages in systematic and integrated planning,” for the following reasons:

- The University is not engaging in a regular and effective process of planning as required by this Core Component because:
 - the 2009 Comprehensive Evaluation Report identified strategic planning as an area of concern; since that time, the University has not demonstrated a sustained implementation and evaluation of accomplishments of its strategic planning activities, as evidenced by its discontinuation of 2009-2014 Strategic Plan implementation; and
 - the University’s strategic planning implementation stopped after receiving HLC feedback to a Monitoring Report in 2012 and has only recently been resumed; and
- While the University in its August 2016 response described efforts to initiate a strategic plan, that effort is very recent and has not yet demonstrated evidence of a robust planning process and a completed strategic plan.

The University meets Criterion One, Core Component 1.A, “the institution’s mission is broadly understood within the institution,” but with concerns for the following reasons:

- The newly formed mission statement has not been connected to the strategic plan and the budgeting process; although the new mission/student body application was approved on 2/29/16, nevertheless, as the visiting team pointed out and the IAC Hearing Committee agreed, the plan was not implemented; and
- These issues expose problems in shared governance that the visiting team and the IAC Hearing Committee both found problematic. (This matter is also addressed in Core Component 5.C with respect to strategic planning and governance.)

The University meets Criterion Two, Core Component 2.A, “the institution operates with integrity in its financial, academic, personnel, and auxiliary functions; it establishes and

follows fair and ethical policies and processes for its governing board, administration, faculty and staff,” but with concerns for the following reason:

- While the University has drafted a handbook outlining organizational structures and operational processes for visiting and adjunct faculty, the implementation of these procedures has not yet been accomplished nor is it clear that visiting and adjunct faculty are included in shared governance; the institutional response noted that the handbook will be distributed with faculty contracts but this has not yet been implemented.

At its June 2016 meeting, the Board approved informing New Mexico Highlands University that the Board had identified areas where the University is not in compliance with the Criteria for Accreditation and that the Board intended to place the University on Probation, but provided the University thirty days to submit any additional information prior to the Board taking action.

The University’s August 2016 response indicated that, although the University appears to understand the issues related to its compliance with the Criteria for Accreditation and to be taking steps to remedy them, it is not currently in compliance with the Criteria for Accreditation and will not be until such time as the plans have been fully implemented and have demonstrated evidence of success in resolving the issues HLC has identified.

The Board action resulted in changes to the affiliation of the University. These changes are reflected on the Institutional Status and Requirements Report. Some of the information on that document, such as the dates of the last and next comprehensive evaluation visits, will be posted to the HLC website.

At this time, the Commission will reassign New Mexico Highlands University from its liaison, Dr. Jeffrey Rosen, to Dr. Anthea Sweeney. If you have any questions or concerns about the information in this letter, please contact Dr. Sweeney. Please be assured that Dr. Sweeney will work with Dr. Rosen to create a smooth transition.

Information about the sanction is provided to members of the public and to other constituents in several ways. HLC policy INST.G.10.010, Management of Commission Information, anticipates that HLC will release action letters related to the imposition of a sanction to members of the public. HLC will do so by posting this action letter to its website. Also, the enclosed Public Disclosure Notice will be posted to HLC’s website not more than 24 hours after this letter is sent to you.

In addition, HLC policy COMM.A.10.010, Commission Public Notices and Statements, requires that HLC prepare a summary of actions to be sent to appropriate state and federal agencies and accrediting associations and published on its website. The summary will include the HLC Board action regarding the University. HLC will simultaneously inform the U.S. Department of Education of the sanction by copy of this letter.

HLC policy INST.E.20.010, Probation, subsection Disclosure of Probation Actions, requires that an institution inform its constituencies, including Board members, administrators, faculty, staff,

students, prospective students, and any other constituencies about the sanction and how to contact HLC for further information. The policy also requires that an institution on Probation disclose this status whenever it refers to its HLC accreditation. HLC will monitor these disclosures to ensure they are accurate and in keeping with HLC policy. I ask that you copy Dr. Sweeney on emails or other communications regarding the sanction and provide her with a link to information on your website and samples of related disclosures.

If you have questions about any of the information in this letter, please contact Dr. Sweeney. On behalf of the Board of Trustees, I thank you and your associates for your cooperation.

Sincerely,



Barbara Gellman-Danley
President

Enclosure: Public Disclosure Notice

cc: Chair of the Board of Trustees, New Mexico Highlands University
Gilbert Rivera, Vice President for Academic Affairs, New Mexico Highlands University
Anthea Sweeney, Vice President for Accreditation Relations, Higher Learning
Commission
Jeffrey Rosen, Vice President for Accreditation Relations and Director of the Open
Pathway, Higher Learning Commission
Karen L. Peterson Solinski, Executive Vice President for Legal and Governmental
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Herman Bounds, Accreditation and State Liaison, Office of Postsecondary Education,
U.S. Department of Education