



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING  
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May 1, 2013

VIA HAND-DELIVERED  
([melmenshaw@mei.edu](mailto:melmenshaw@mei.edu))

Mr. Mohamed Elmenshawy, Chairman  
The Middle East Institute  
1761 N Street NW  
Washington, DC 20036

*Re: Initial Accreditation Denied  
(Appealable, Not a Final Action)  
ACCET ID #1157*

Dear Mr. Elmenshawy:

This letter is to inform you that, at its April 2013 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny initial accreditation to the Middle East Institute, located in Washington, DC.

The decision was based upon a careful review and evaluation of the record, including the institution's Analytic Self-Evaluation Report (ASER), the on-site visit team report (visit conducted February 14-15, 2013), and the institution's response to that report, dated March 22, 2013. It is noted that two of the weaknesses cited in the team report were adequately addressed in the institution's response and accepted by the Commission. However, the Commission determined that the institution has not adequately demonstrated compliance with respect to ACCET standards, policies, and procedures, relative to the following findings:

1. Standard I-C: Planning

The institution does not have sound, written one-year and longer-range plans that include specific and measurable objectives, with corresponding operational strategies, projected time frames, required resources, and methods for subsequent evaluation of each objective. Further, the institution does not update the plans annually.

The team report stated that the institution maintains a three year strategic plan for the entire organization, and not specific to the training division that is pursuing accreditation. The plan is presented and approved by the institution's Board of Directors at its annual meeting, and is reviewed and updated every three years. A review of the institution's plan noted that the current strategic plan is set to expire in July 2013. No additional planning documentation was presented to the team related to a plan going forward through the end of 2013 or a longer term plan beyond 2013. Additionally, the strategic plan notes the responsible personnel and costs, however, it does not incorporate projected time - frames, required resources and method for subsequent evaluation, as required by this standard. The strategic plan focused very little on the

foreign language training operations of the institution, and more on the growth, expansion and development of the research and cultural studies operations. Further, the schedule for review of the strategic plans was on a tri-annual basis, as opposed to an annual review.

In its response to the team report, the institution provided an updated and revised plan with three short - term and three long - term objectives. Also, the response noted that the plans would be updated annually. However, the institution's response did not contain updated and revised policy and procedures related to the institution's planning process. Further, the revised plan failed to address corresponding strategies, required resources, or method of evaluation for each goal. Therefore, the institution failed to demonstrate systematic and effective implementation of this standard in practice over time.

## 2. Standard II-C: Personnel Management

The institution did not demonstrate systematic and effective implementation of employee evaluation and professional development in practice over time to ensure that qualified and capable personnel, at appropriate staffing levels, are placed and effectively utilized.

The team report cited the institution for the lack of written policy and procedures related to the regular performance evaluations of faculty and staff, and professional development of its employees. Limited supporting documentation in the form of performance evaluations was reviewed by the team while conducting the personnel file review during the on – site visit; however, no documentation was provided for the team's review related to professional development.

In its response to the team report, the institution provided a written policy relating to professional development that stated that the institution encourages employees to independently pursue and engage in professional development or continuing education; however, the institution made clear that it will not reimburse, financially support, or otherwise facilitate the professional development of its employees. Additionally, the institution did not provide any written policy or procedures demonstrating its process relating to employee evaluation. Therefore, the institution failed to demonstrate that they systematically and effectively implemented policies and procedures relative to performance evaluation and professional development of faculty and staff in practice over time.

## 3. Standard II-D: Records

The institution does not implement an organized record-keeping system that ensures all records are maintained in an accurate, orderly, and up-to-date manner. The institution's record-keeping system impedes the ready access and review of those records by appropriate parties. Additionally, because there is no offsite backup system, electronic records are at risk of loss.

During the on-site visit, the team cited the institution for the lack of readily accessible records, noting that information and data were stored in both electronic and paper formats, sometimes by semester, but not searchable by individual student, requiring third party verification to span several different sources in order to accurately answer the most basic questions. Additionally, the institution does not aggregate individual student records, with the on-site review requiring manual calculations for attendance and GPA. Further, the institution does not record start date or end dates, requiring the institution to calculate starts by referencing the semester in which the student enrolled with an online academic calendar, and cross referencing end dates by the date of email receipt by the institution. Finally, the team report indicated that the institution's backup of electronic records is stored on-site, putting the records at undue risk.

In its response to the team report, the institution provided a master list template, which was partially completed, that records enrollment, academic and attendance records, among other data fields, and supplied a master list for previous cohorts that was partially completed. Further, the institution has created a spreadsheet for withdrawals/terminations that aggregates personal, financial and withdrawal/refund information into a master list. However, the institution did not provide updated and revised policy and procedures relating to the recording of aggregated academic, financial, attendance, and withdrawal/refund information, including assignment of responsibility to a designated staff member and the procedure for monitoring and recording of the respective data in the new spreadsheet templates. Finally the exhibit email communication provided as a follow - up screen shot that contained computer programming language did not definitively demonstrate that the backup of electronic records off-site was occurring, as indicated by the institution. Therefore, the institution has failed to demonstrate systematic and effective implementation of this standard in practice over time.

4. Standard IV-B: Program/Instructional Materials

The institution's program materials do not include lesson plans that demonstrate the appropriate scope, sequence, and depth of each program or course in relation to the stated goals and objectives.

The team report noted that the institution does not have written policy and procedures relating to the implementation of lesson plans for its programs. During the on-site visit, no lesson plans were provided by the institution to the team for its review, and no lesson plans were observed in use by faculty or students during classroom observations performed by the team.

In its response to the team report, the institution provided a written policy and procedure relating to the development and approval of lesson plans, a lesson plan template, and a lesson plan log for tracking and monitoring of instructor submissions. However, the supporting documentation provided by the institution consisted of blank forms, an abbreviated lesson plan policy, and no other supporting documentation to demonstrate the existence of lesson plans or the implementation of this policy or procedure. Therefore, the institution has failed to demonstrate systematic and effective implementation of this standard in practice over time.

5. Standard IV-D: Curriculum Review/Revision

The institution does not systematically and effectively implement procedures to continuously monitor and improve the curriculum. The institution does not maintain written procedures that include soliciting feedback from relevant constituencies, such as faculty, students, graduates, employers, and advisory/certification boards, as well as analysis of completion results, or focus on a comprehensive review of the curriculum as it relates to the expected learning outcomes.

The team report noted that the institution provided supporting documentation demonstrating the last curriculum review/revision, which occurred January 2013, which included meeting minutes that reviewed feedback from faculty, students and staff, and email correspondence that demonstrated changes to the Persian and Arab curriculum and program materials. However, the team noted that the institution does not maintain written policy and procedures that guide the institution's curriculum review/revision process to ensure its systematic and effective implementation in practice over time.

In its response to the team report, the institution provided a written policy related to its curriculum review/revision process that allowed for annual review of curriculum; however, the institution's response did not include written procedures corresponding to the institution's policy, nor did it include supporting documentation evidencing the solicitation of feedback from relevant constituencies, such as sponsors and partners. Therefore, the institution failed to demonstrate systematic and effective implementation of its curriculum review/revision policy which must be evidenced in practice over time.

6. Standard VI-C: Instructor Orientation and Training

The institution does not maintain written policy and procedures for the ongoing professional development of instructional personnel that is systematically implemented, monitored, and documented.

The team report noted that the institution does not maintain written policy and procedures related to professional development of its faculty. The institution did not provide any supporting documentation that verified the participation of faculty in professional development events. Additionally, during the on-site visit, faculty interviews by the team noted that the faculty had participated in professional development activities previously offered by the University of Maryland; however, the university ceased offering those opportunities and, since that time, the faculty have not attended any other professional development events to date.

In its response to the team report, the institution provided an exhibit that appears to be an email error message and was unable to be accessed, and noted that it does maintain a policy for professional development, which was provided as an exhibit. The policy states that the institution is committed to 15 hours of professional development activities for its instructors. Further, the institution states that it encourages faculty to pursue independently continuing education and training; however, the institution does not commit to reimbursement of those

costs. The institution's response did not include corresponding written procedures related to the institution's policy for tracking professional development. Further, the institution's policy is inconsistent in that it initially references the institution's commitment to 15 hours of professional development; however, the policy later references 20 hours of professional development. Finally, the institution did not provide any supporting documentation that demonstrated the systematic and effective implementation of its policy on professional development which can only be evidenced in practice over time. Therefore, compliance with the requirements of this standard have not been observed.

7. Standard VII-B: Enrollment

The institution does not provide a written enrollment agreement or contract with full disclosure of the rights, obligations, and responsibilities of all parties, including (1) all costs stated in clear and explicit language, and (2) cancellation and refund policies that comply with statutory, regulatory, and accreditation requirements. Students are required to submit payment at the time of enrollment, with no enrollment agreement or contract.

The team report indicated that the institution's enrollment agreement required payment of the program of study without confirmation that the student understands key policies, including the refund and cancellation policy. Additionally, a copy of an enrollment agreement or contract, or notification confirming the student's enrollment, is not provided to students prior to payment. Further, the institution maintains an online withdrawal process, however, upon withdrawal, the institution's online system does not generate any notification for either the student or institution's records.

In its response to the team report, the institution noted that it is updating its website for more efficient and effective use. Additionally, it has created an FAQ section for students having difficulty enrolling. The institution's response indicated that there is now a measure in place to confirm understanding of the institution's policy and procedures. The institution's response included a copy of the FAQs, instructions for enrollment online, a screenshot of the proposed online enrollment site, and a .PDF of the confirmation of understanding. However, the institution's response was incomplete in its approach to addressing this weakness. First, the institution continues to require payment of the program of study prior to receipt of enrollment agreement or contract. Second, the updated response related to confirmation of an applicant's understanding attached, as an exhibit by the institution, was a duplicate of its FAQ exhibit; therefore the question of how the institution confirms the prospective applicant's understanding of policies, including cancellation and refund policy, remains unanswered. Additionally, the institution did not respond to how it intends to provide students who withdraw from its program confirmation of withdrawal for the student's records and its own. Therefore, the Commission has determined that there remains a number of unresolved issues relative to the institution's enrollment procedures and that it has yet to demonstrate systematic and effective implementation of sound enrollment policy and procedures which can only be evidenced in practice over time.

8. Standard VIII-A: Student Progress

The institution does not effectively monitor, assess, and record the progress of participants utilizing a sound assessment system with a set of defined elements that are appropriately related to the performance objectives of the programs or courses. Student progress is not documented consistently in accordance with institutionally established performance outcomes communicated to all participants. The institutions neither publishes clear descriptions of their requirements for satisfactory student progress and nor utilizes sound written policies and procedures to determine student compliance with these requirements and to document the results.

The team report noted that the institution does not effectively monitor student progress. The institution does not have written policy and procedures, including attendance and GPA requirements, guiding the monitoring of satisfactory academic progress. Additionally, during the on-site review, the team found the recording of performance assessments by instructors to be inconsistent and incomplete as the breakdown of grades was not disclosed, with only a final grade provided. Additionally, cumulative attendance and grade data, by individual student, is not recorded by the institution, as it records student academic records by semester, which is subdivided by course.

In its response to the team report, the institution provided an student progress policy, a screen shot of the policy on its website, a welcome note from the Director, the master grade sheet, partially completed, and a sample grade report. However, the policy submitted by the institution is incomplete as it does not specify the number of repeats allowed per course/level/semester, whether the institution offers a warning and/or probation period, and the procedures for supervising/guiding students who receive a warning/probation, or termination due to insufficient academic progress. Further, the institution does not maintain any procedures for appealing probation or termination. Additionally, the institution's policy has no corresponding procedures, or identify responsible staff for monitoring, supervising and communicating/notifying students of their requirements as they relate to student progress. Therefore, the institution has not demonstrated systematic and effective implementation of this standard in practice over time.

9. Standard VIII-B: Attendance

The institution has not established or implemented written policies and procedures for monitoring and documenting attendance.

The team report noted that the institution did not have written policy and procedures relating to the monitoring, administration and supervision of attendance, including definitions for tardy or early departure, number of tardies/early departures that comprise an absence, minimum attendance percentage, enforcement of probation and/or termination due to attendance, or any notifications due to poor attendance. Additionally, the team report indicated that the institution does not communicate the attendance expectations to students in a verifiable manner. Finally, faculty interviews conducted by the team during the on-site visit indicated that the institution

maintained a 60% minimum attendance rate, which the team found to be below what is considered to be educationally sound.

In its response to the team report, the institution provided a written attendance policy, a screen shot of the policy published on its website, a sample syllabi demonstrating that it is published in the syllabi, and a welcome note from the Director. However, the policy submitted by the institution is out of compliance with ACCET Document 35 – Policy on Attendance Requirements. Specifically, the policy does not define tardy or early departures, and the institution did not publish a minimum percentage for attendance, or indicate that it had revised the unofficial rate of 60% attendance due to its lack of educational soundness. Further, the institution did not provide written corresponding procedures related to the policy that specified the responsible staff related to the monitoring, supervision and administration of the attendance policy, nor did it provide any documentation that demonstrated systematic and effective implementation of this policy in practice over time.

#### 10. Standard VIII-D: Employer/Sponsor Satisfaction

The institution does not maintain written policies and procedures to regularly assess, document, and validate employer/sponsor satisfaction relative to the quality of the education and training services provided.

During the on-site visit, the team noted that the institution enrolls sponsored students; however, it does not maintain written policy and procedures relating to the regular solicitation of sponsor satisfaction relative to the quality of the education and training services provided. The team report noted that the institution maintains channels of communication with sponsors of students; however, the institution acknowledge that no formal or documented policy or process was currently in place and the institution provided no supporting documentation to validate prior or ongoing communications with sponsors.

In its response to the team report, the institution provided a policy relating to the solicitation of sponsor feedback, two samples of emails sent to sponsors soliciting feedback relating to their satisfaction of the training provided to its sponsored students, and a blank copy of the sponsor survey. However, the institution's policy was not specific in regards to the timing of distribution and responsible staff member for administration of the surveys. Additionally, the institution did not provide a corresponding procedure related to its new policy. Further, the content of the survey focused almost exclusively on the "Customer Service" qualities of the institution, and did not address the education, training or curriculum components of the institution. Finally, the institution's supporting documentation was blank, with no additional evidence demonstrating systematic and effective implementation of this standard. Therefore, the institution did not demonstrate systematic and effective implementation of this policy in practice over time.

#### 11. Standard VIII-E: Completion and Placement

The institution does not maintain written policies and procedures that provide an effective means to regularly assess, document, and validate the quality of the education and training services provided relative to completion rates.

The team report noted that the institution does not maintain written policy and procedures relating to monitoring, and measuring completion as related to the education and training provided by the institution. During the on-site visit, the institution had to manually calculate a completion rate for the 2012 calendar year for the team as the information was not monitored or tracked comprehensively in a manner that facilitated assessment and verification during a third party review of student records and data.

In its response to the team report, the institution provided a policy related to the monitoring and reporting of completion data, and a completion document that records data for all courses offered during the semester. However, the policy does not address the roles and responsibilities of staff and faculty in the monitoring and supervision of completion data, nor did the institution provide corresponding procedures for the policy with its response. Further, the supporting documentation provided was a blank template, with no supporting documentation demonstrating the implementation of the updated policy and forms. Therefore, the institution did not demonstrate systematic and effective implementation of this standard in practice over time.

Since denial of initial accreditation is an adverse action by the Accrediting Commission, the institution may appeal the decision. The full procedures and guidelines for appealing the decision are outlined in Document 11 – Policies and Practices of the Accrediting Commission, which is available on our website at [www.accet.org](http://www.accet.org). If the institution wishes to appeal the decision, the Commission must receive written notification no later than fifteen (15) calendar days from receipt of this letter, in addition to a certified or cashier's check in the amount of \$7,500.00, payable to ACCET, for an appeals hearing.

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

- The only remaining deficiency cited by the Commission in support of a final adverse action decision is the institution's failure to meet ACCET Standard III-A, Financial Stability, with

the institution's non-compliance with Standard III – A the sole deficiency warranting a final adverse action.

- The financial information was unavailable to the institution until after the Commission's decision was made and is included in the written statement of the grounds for appeal submitted in accordance with the ACCET appeals process; and
- The financial information provided is significant and bears materially on the specified financial deficiencies identified by the Commission.

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

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

It remains our hope that the accreditation evaluation process has served to strengthen your institution's commitment to and development of administrative and academic policies, procedures, and practices that inspire a high quality of education and training for your students.

Sincerely,



ELECTRONIC SIGNATURE

Roger J. Williams  
Executive Director

RJW/eyl

- C: Ms. Kay Gilcher, Director, Accreditation Division, USDE (aslrecordsmanager@ed.gov)  
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