



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING  
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August 23, 2013

VIA FEDERAL EXPRESS & EMAIL  
([peters@hancockusa.com](mailto:peters@hancockusa.com))

Mr. Peter Sohn, President/CEO  
Hancock International College  
4510 Executive Drive Plaza 11  
San Diego, CA 92121

***Re: Initial Accreditation Denied  
(Appealable, Not a Final Action)  
ACCET ID #1366***

Dear Mr. Sohn:

This letter is to inform you that, at its August 2013 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny initial accreditation to Hancock International College, located in San Diego, California.

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 June 11-12, 2013), and the institution's response to that report, dated July 25, 2013. It is noted that of the 17 weaknesses cited in the team report eight were adequately addressed in the institution's response and accepted by the Commission. However, the Commission determined that the institution has not demonstrated compliance with respect to ACCET standards, policies, and procedures, relative to the following findings:

1. Standard III-B: Financial Procedures

The institution did not demonstrate proper financial controls and supervision of financial management staff, nor was there evidence that tuition charges were applied fairly and consistently, that receipt of tuition payments and other monies were properly recorded and tracked, nor were cancellation and refund policies consistently administered, fair, and equitable. The team report indicated that there was no division of responsibilities between payments received by the institution and deposits made to the bank. The institution did not provide student ledger cards to evidence receipt of funds or balances due, and no documentation was provided to evidence any student refunds.

The institution indicated in its response that an Assistant Student Records Manager was hired to allow a division of responsibilities relative to cash handling; however, the institution failed to provide job descriptions or an explanation as to which positions will handle specific monetary related duties. The institution provided in its response a blank Student Re-Enrollment Ledger Form that indicates the amount due for an extension of the student's length of program; however, the form does not address the amount due for all students, new or continuing, nor does it indicate evidence of payment or balance due. Further, the institution provided a revised Tuition Refund Policy; however, the policy does not clearly state the refund amount due to a student dismissed due to conduct. The institution did not provide documentation of any refunds completed to evidence implementation of the new policy. Therefore, the Commission determined that the institution failed to demonstrate systematic and effective implementation of policies and procedures relative to proper financial controls and supervision in practice over time as required by this standard.

2. Standard IV-A: Educational Goals and Objectives

The institution did not demonstrate that the curricular content and learning experiences are preplanned and present a sound, systematic, and sequential educational methodology. The team report indicated that the institution did not have a curriculum.

The institution indicated in its response that a course curriculum binder was provided to the team at the time of the visit and provided again as part of its response. While the 25 page curriculum provides evidence of a curricular outline, it does not demonstrate a fully developed curriculum complete with detailed methodology, specific behavioral outcomes or learning objectives for each skill area and level, or that the material is presented in a sequential manner. Therefore, the institution failed to demonstrate systematic and effective implementation of a complete curriculum in practice over time.

3. Standard IV-C: Performance Measurements, and Standard VIII-A: Student Progress

The institution did not demonstrate a sound assessment system that appropriately relates to the performance objectives of the program or course. The team report indicated that the Intensive English program does not include an oral exam, nor is there a rubric used to evaluate students' verbal progress throughout the program, nor is one used to evaluate daily participation or assignments. Further, the institution does not administer an externally developed proficiency test to validate its curriculum as required by this standard.

The institution indicated in its response that an Oral Examination Rubric will be used on all examination days, effective immediately; however, the institution failed to provide a copy of the oral examination, or evidence of implementation of the new rubric. Rubrics were provided for participation and assignments. Staff meeting minutes were provided to demonstrate staff training of the new rubrics; however no evidence was provide to demonstrate systematic and effective implementation of the rubrics in practice. The institution also indicated that the TOEFL exam will be used as the institution's external validation exam to be administered to every student at the end of their program; however, no evidence of implementation was provided. Therefore, the institution has failed to demonstrate the systematic and effective implementation in practice over time of its policies and procedures to assess student progress and external curricular validation as required by the standard.

4. Standard V-A: Instructional Methods

The institution did not demonstrate that its instructional methodology is consistent with training industry standards and appropriate to the educational goals and curricular objectives of the Intensive English Program. The team report indicated that only two of the five Intensive ESL instructors employed the institution's Communicative Language Teaching (CLT) methodology, noting the other classes observed were focused on grammar exercises through reading and writing with limited verbal communication.

The institution indicated in its response that the Academic Programs Coordinator and the Professional Development Team Lead conducted a workshop relative to implementing the institution's prescribed CLT methodology. A copy of the workshop was provided. Further the institution indicated that the Professional Development Team Lead is now responsible for

conducting quarterly classroom observations and one-on-one feedback meetings. The institution provided a revised job description for this position; however, the institution provided no evidence of completed classroom observations, constructive feedback for instructors, or documentation to demonstrate that all instructors are now implementing the CLT methodologies in the classroom, nor is it realistic to expect that instructors not trained in CLT methodology could, with one workshop, be proficient in those teaching techniques. Therefore, the institution has failed to demonstrate the systematic and effective implementation of the Communicative Language Teaching methodology in practice over time.

5. Standard VI-B: Supervision of Instruction

The institution did not demonstrate that individuals with relevant education and experience in instructional delivery and management supervise instructional personnel. The team report indicated that the School Director is responsible for supervising the instructional staff, yet does not have the academic credentials or training to evaluate the faculty.

The institution indicated in its response that the responsibility of instructional oversight has been delegated to the Academic Programs Coordinator and the Professional Development Team Lead. The institution provided job descriptions and resumes for both staff members indicating the appropriate education and experience; however, they failed to provide evidence of any completed classroom observations, one-on-one feedback meetings or evidence of exercising other supervisory responsibilities. Therefore, the institution has failed to demonstrate the systematic and effective implementation of the revised instructional oversight policies and procedures as required by this standard in practice over time.

6. Standard VI-C: Instructor Orientation and Training

The institution did not demonstrate that it had developed and implements an effective written policy for the ongoing professional development of instructional personnel that is systematically implemented, monitored, and documented. The team report indicated that the institution has no professional development program nor does it encourage its teachers to pursue outside professional development.

The institution provided in its response a new professional development policy that requires faculty to participate in four in-house professional development days a year as well as six hours of professional development delivered by an outside source; however, the institution failed to provide documentation to evidence that any professional development has been scheduled or completed. Therefore, the institution has failed to demonstrate the systematic and effective implementation of professional development policies and procedures in practice over time as required by this standard.

7. Standard: VIII-B: Attendance

The institution did not demonstrate that its attendance policy and practices are effective in ensuring that student participation and preparation are consistent with the expected performance outcomes of the course or program. The team report indicated that the institution was not following ACCET's 80% attendance requirement, that there was no LOA/vacation policy and that instructors were inconsistent in their implementation of the tardy/early departure policy.

The institution in its response indicated that it has revised its attendance policy to reflect 80%, defined timeframes for late arrivals and early departures, and included an LOA/vacation policy. While the institution provided copies of these revised policies, it did not include any evidence that this new policy had been communicated to currently enrolled students or included in the student handbook or school catalog. Further there was no evidence in the form of faculty meeting minutes that faculty had been informed of this policy revision and had been trained on its implementation. institution failed to provide documentation evidencing systematic and effective implementation of these new policies in practice over time and has failed to demonstrate compliance with this standard.

8. Standard VIII-E: Completion and Placement

The institution did not demonstrate that written policies and procedures are followed that provide an effective means to regularly assess, document, and validate the quality of the education and training services provided relative to completion rates. The team report indicated that the institution did not have a system in place to track student completion rates.

The institution in its response indicated that it has revised its enrollment agreement to reflect the start and end-dates of each program to provide a means to calculate completion rates based on the student's enrolled program length. The institution provided a written policy defining a completer; however, the new policy lacks evidence of implementation and some important elements in that it does not include who is responsible for evaluating completion rates, the method by which completion rates will be tracked, and failed to provide actual completion rates for either program. Therefore, the institution failed to demonstrate systematic and effective implementation of a completion tracking policy 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.

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.

Further, the Commission approved a waiver of the delayed re-application for accreditation until after one (1) year from the date of the Commission's decision, thereby allowing the institution to re-apply in the event that its level of intent and readiness converge with the opportunity provided by the waiver.

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,



Roger J. Williams  
Executive Director

RJW/lao

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