

June 30, 2026

BY CERTIFIED MAIL

Dr. Margaret Ross
Interim President
Sinte Gleska University
Box 105
Mission, SD 57555-0105

Dear President Ross:

This letter is formal notification of action taken by the Higher Learning Commission (HLC) Board of Trustees (“the Board”) concerning Sinte Gleska University (“the Institution”). This action is effective as of the date the Board acted, June 25, 2026. In taking this action, the Board considered materials from the most recent comprehensive evaluation, including, but not limited to: the Assurance Filing the Institution submitted, the report from the comprehensive evaluation team, the report of the Institutional Actions Council (IAC) Hearing Committee, and the institutional responses to these reports.

Summary of the Action: The Institution has been placed on Probation because it is out of compliance with the Criteria for Accreditation. The Institution meets Core Components 2.B, 3.C, and 4.A with concerns. The Institution does not meet Core Components 3.E, 3.F, 3.G, and 4.C. The Institution also does not meet Assumed Practices A.5.a and B.2.a. The Institution is required to host a comprehensive evaluation for Probation no later than December 2027 to determine whether the Institution has ameliorated the findings that led to the imposition of the sanction.

Institutional Disclosure Obligation: HLC policy¹ 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 sanction 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. The Institution must submit drafts of its planned disclosures to these various audiences to its HLC Staff Liaison in advance of transmission and provide its Staff Liaison with a link to relevant information on its website. At a minimum, an institution must: i) provide a copy of this Action Letter to its governing board, administration, and faculty, ii) provide a copy of the enclosed Public Disclosure Notice to its currently enrolled students, and iii) prominently display the Mark of Accreditation Status where accreditation status is described on its website. Once disclosures have been made, the Institution must submit copies of its disclosure

¹ INST.E.20.010, Probation.

documents as a single .pdf file to <https://www.hlcommission.org/sign-in/submit-documents-to-hlc/> (by selecting “Information about Institutional Disclosures”) no later than seven (7) business days following receipt of this Action Letter. HLC will retain this information as part of the Institution’s record.

Provisional Plan: HLC policy also requires that the Institution file a provisional plan with HLC for review and approval by the Institutional Actions Council according to HLC’s substantive change procedures. This provisional plan must comport with HLC’s requirements for provisional plans.² The Institution must submit is provisional plan within 90 calendar days of this letter.

Substantive Change: HLC policy³ requires that an institution placed on Probation be subject to additional requirements for substantive change during the Probation period and for three (3) years following the removal of Probation.

Notification Program: HLC policy⁴ states that an institution placed on Probation is ineligible for the Notification Program for Additional Locations for three (3) years following the removal of Probation, even if other requirements for the Notification Program are met.

Board Rationale

The Board based its action on the following findings made with regard to the Institution as well as the entire record before the Board:

Sinte Gleska University (“the Institution”) meets with concerns Criterion Two, Core Component 2.B, “the institution presents itself accurately and completely to students and the public with respect to its educational programs and any claims it makes related to the educational experience” for the following reasons:

- The Institution has made meaningful progress toward improving transparency. However, the Institution’s website is still under development, and several key functions and content areas are not yet fully operational. These developments will help to ensure transparency.
- The Institution’s policy manuals, handbooks, and operational documents are inconsistent in providing accurate information, including listing variations in the published Mission Statement.

The Institution meets with concerns 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 Institution considers the factor of equivalent experience in its policies and procedures for faculty qualifications but lacks institution-wide policies and procedures for evaluating equivalent experience relative to faculty qualifications. The Institution

² FDCR.B.10.010, HLC Approval of Institutional Teach-Out Arrangements.

³ INST.E.20.010, Probation; INST.G.10.010, Substantive Change.

⁴ INST.E.20.010, Probation.

has developed a portfolio-based process for evaluating equivalent experience that is being piloted, but this process has yet to be consistently applied across the Institution.

The Institution does not meet Criterion Three, Core Component 3.E, “the institution improves the quality of educational programs based on its assessment of student learning,” for the following reasons:

- The Institution does not demonstrate a systematic, institution-wide approach to the assessment of student learning needed to inform curricular improvement, resource allocation, or institutional planning. The lack of a plan limits the Institution’s ability to evaluate educational effectiveness and support continuous improvement.

The Institution does not meet Criterion Three, Core Component 3.F, “the institution improves its curriculum based on periodic program review,” for the following reasons:

- The Institution does not distinguish between program review and the assessment of student learning. This hinders the Institution’s ability to clearly define a program review model and timeline that represents a systematic comprehensive approach.

The Institution does not meet Criterion Three, Core Component 3.G, “the institution’s student success outcomes demonstrate continuous improvement, taking into account the student populations it serves and benchmarks that reference peer institutions,” for the following reasons:

- The Institution has made progress with respect to publicly disclosing certain student success indicators, but this progress is limited in scope. This limitation has deterred the Institution’s ability to use these outcomes as a foundation for program-level and institution-wide continuous quality improvement efforts.
- The Institution does not have a firmly established systematic processes for identifying internal performance parameters or benchmarking itself against peer institutions to inform the collection and analysis of key program outcomes.

The Institution meets with concerns Criterion Four, Core Component 4.A, “the institution’s administrative structures are effective and facilitate collaborative processes such as shared governance; data-informed decision making; and engagement with internal and external constituencies as appropriate” for the following reasons:

- The Institution has committee structures such as committees on curriculum and assessment, for academic decision making. In addition, the Institution’s Board operates effectively, and the Institution’s finances are stable.
- The Institution does not have an effective an administrative structure that promotes shared institution-wide governance for faculty, staff, and students. The Institution lacks an organizational chart, which hinders its abilities to have effective administrative structures.
- There is a lack of clarity across the Institution regarding institution-wide shared governance in strategic planning and decision-making, impacting multiple internal constituencies. This creates an inconsistent understanding of how governance is shared and operationally defined across the Institution. The absence of a clearly codified shared governance model hinders effective decision-making and accountability.

The Institution does not meet Criterion Four, Core Component 4.C, “the institution engages in systematic strategic planning for quality improvement. It relies on data, integrating its insights from enrollment forecasts, financial capacity, student learning assessment, institutional operations and the external environment,” for the following reasons:

- The Institution’s current strategic plan lacks clarity and specificity, particularly in relation to defined key performance indicators, measurable outcomes, and the data points necessary to guide institutional decision-making and resource allocation.
- The Institution cannot demonstrate whether the current strategic plan was ever used to inform university-wide decision-making, including priorities related to academic programming or the allocation of resources.
- The Institution has not effectively developed or utilized a coherent strategic planning framework to support continuous quality improvement initiatives.

The Institution does not meet Assumed Practice A.5.a, “The institution makes readily available to students and to the public clear and complete information including: Statements of mission, vision and values,” for the reasons cited above under Core Component 2.B.

The Institution does not meet Assumed Practice B.2.a, “The institution establishes and maintains reasonable policies and procedures to determine that faculty are qualified. The factors that an institution considers as part of these policies and procedures could include but are not limited to: the achievement of academic credentials, progress toward academic credentials, equivalent experience or some combination thereof. The institution’s obligations in this regard extend to all instructors and all other entities to which it assigns the responsibility of instruction. HLC will maintain ‘Institutional Policies and Procedures for Determining Faculty Qualifications Guidelines’ to further explain requirements for reasonable policies and procedures in accordance with this Assumed Practice,” for the reasons cited above under Core Component 3.C.

The Board of Trustees of the Higher Learning Commission has determined based on the preceding findings and evidence in the record that the Institution has demonstrated that it is not in compliance with the Criteria for Accreditation and should therefore be placed on Probation.

Next Steps in the HLC Review Process

Assurance Filing: The Board required that the Institution submit an Assurance Filing at least eight weeks prior to the comprehensive evaluation for Probation providing evidence that the Institution has ameliorated the findings of noncompliance identified in this action that resulted in the imposition of Probation and the findings of Met with Concerns, and providing evidence that the Institution meets the Criteria for Accreditation, Federal Compliance Requirements, and the cited Assumed Practices.

Comprehensive Evaluation: The Institution will host a comprehensive evaluation for Probation no later than December 2027 to enable a team of peer reviewers to determine whether the Institution has ameliorated the findings of noncompliance that led to the imposition of Probation and whether the Institution otherwise meets the Criteria for Accreditation, and to

make a recommendation about whether the Board should remove Probation or take other action.

Board Review: The Board will review the documents associated with the comprehensive evaluation for Probation at its June 2028 meeting to determine whether Probation shall be removed, or if the Institution has not provided sufficient evidence of amelioration as noted above, whether other action should be taken, up to and including withdrawal of accreditation.

HLC Disclosure Obligations

The Board action resulted in changes that will be reflected in the Institution's Statement of Accreditation Status as well as the Institutional Status and Requirements Report. The Statement of Accreditation Status, including the dates of the last and next comprehensive evaluation visits, will be posted to the HLC website.

In accordance with HLC policy,⁵ information about this action is provided to members of the public and to other constituents in several ways. This Action Letter and the enclosed Public Disclosure Notice will be posted to HLC's website not more than one business day after this letter is sent to the Institution. Additionally, a summary of Board actions will be sent to appropriate state and federal agencies and accrediting associations. This summary also will be published on HLC's website. The summary will include this HLC action regarding the Institution.

On behalf of the Board of Trustees, thank you in advance for your cooperation. If you have questions about any of the information in this letter, please contact your HLC Staff Liaison, Dr. Linnea Stenson.

Sincerely,



Barbara Gellman-Danley
President

Enc: Public Disclosure Notice

Cc: Chair of the Board of Trustees, Sinte Gleska University
Evaluation Team Chair
IAC Hearing Committee Chair
Richard Meyers, Vice President of Academic Affairs, Sinte Gleska University
Linnea A. Stenson, Vice President of Accreditation Relations, Higher Learning
Commission
Marla Morgen, Senior Vice President and General Counsel, Higher Learning
Commission
Elizabeth Daggett, Director, Accreditation Group, Office of Postsecondary Education,
U.S. Department of Education

⁵ COMMA.10.010, Notice of Accreditation Actions, HLC Public Notices and Public Statements