

**Guidance Document: Alternative Accreditation Procedures in Accreditation<sup>1</sup>**

(Resolution of the Accreditation Council dated December 4, 2025)

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<sup>1</sup> Written by Adriane Janosch and Ulf Schöne, Department of Alternative Methods

## 0 Preamble

The State Treaty on Study Accreditation has enabled higher education institutions to implement alternative accreditation procedures<sup>2</sup> and has thus established these as a third procedural track alongside program and system accreditation. This guide provides an introduction to the individual procedures—

- 5 Steps in the Accreditation Process for Alternative Accreditation Procedures. It is intended for anyone interested in alternative procedures, such as university staff, reviewers, representatives of the agencies and state science authorities, as well as members of the Accreditation Council. The guide will be expanded in the future to include additional sections on the regulation of the evaluation and reaccreditation of alternative

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## 1 Requirements for Alternative Procedures

Unlike for program and system accreditation, the MRVO does not specify separate criteria for alternative procedures. Section 34(2) MRVO merely stipulates that in alternative procedures—

15. The criteria set forth in Parts 2 and 3 of the MRVO must be complied with, and these criteria must take into account the principles of appropriate academic involvement and the requirements for participation and consent under Section 18(2) of the MRVO. In addition, pursuant to § 34(3), alternative procedures must be suitable for gaining fundamental insights into alternative approaches to external quality assurance beyond program and system accreditation

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The relevant paragraph also stipulates that, in consultation with the competent state authority, the Accreditation Council may only withhold its approval if the alternative procedure fails to meet the standards set forth in Article 2 and the principles for procedural design set forth in Article 3(2), sentence 1 of the State Treaty on Study Program Accreditation, as well as the aforementioned appropriate

- 25 does not comply with the requirement for scientific involvement.

The evaluation of the alternative procedure as the basis for its accreditation should therefore provide insights into the following questions, among others:

- Is the Alternative Procedure, based on the ESG and Part 3 of the MRVO, adequately designed?
- 30  Can it ensure that the desired outcomes at the program level can be achieved in accordance with Parts 2 and 3 of the MRVO and Article 2 of the State Treaty on Study Program Accreditation?

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<sup>2</sup> The terms “alternative accreditation procedures” and “alternative procedures” are used synonymously in accordance with the MRVO.

- Is the alternative procedure suitable for enabling fundamental insights into external quality assurance beyond program and system accreditation?

Based on the evaluation results (as well as the university's statement, the monitoring report, and the assessment by the state authority),

- 5 Pursuant to Section 6(1) of the Rules of Procedure for Alternative Accreditation Procedures (VoAAv), the Accreditation Council decides whether the alternative procedure can ensure compliance with the criteria set forth in Parts 2 and 3 of the MRVO in a manner equivalent to program or system accreditation.

The accreditation of alternative accreditation procedures is based on the following documents:

10 documents:

- [Standards and Guidelines for Quality Assurance in the European Higher Education Area \(ESG\)](#)<sup>3</sup>
- [State Treaty on Study Program Accreditation](#)<sup>4</sup>
- [Model Regulation \(MRVO\)](#)<sup>5</sup>
- 15  [Rules of Procedure for Alternative Accreditation Procedures \(VoAAv\)](#)<sup>6</sup>

## 2 Procedural Flow

The remainder of this chapter explains the step-by-step process for accrediting an alternative procedure. The following timeline is intended to provide an

20 overview of the accreditation process and illustrates the individual sequential steps:

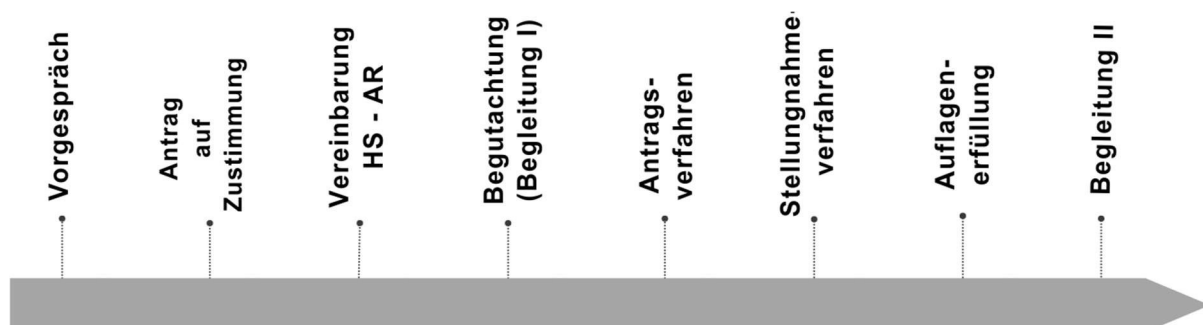


Figure 1: Timeline illustrating the procedure

<sup>3</sup>[https://www.enqa.eu/wp-content/uploads/2015/11/ESG\\_2015.pdf](https://www.enqa.eu/wp-content/uploads/2015/11/ESG_2015.pdf)

<sup>4</sup><https://www.akkreditierungsrat.de/index.php/de/media/25>

<sup>5</sup><https://www.akkreditierungsrat.de/index.php/de/media/23>

<sup>6</sup><https://www.akkreditierungsrat.de/de/media/16>

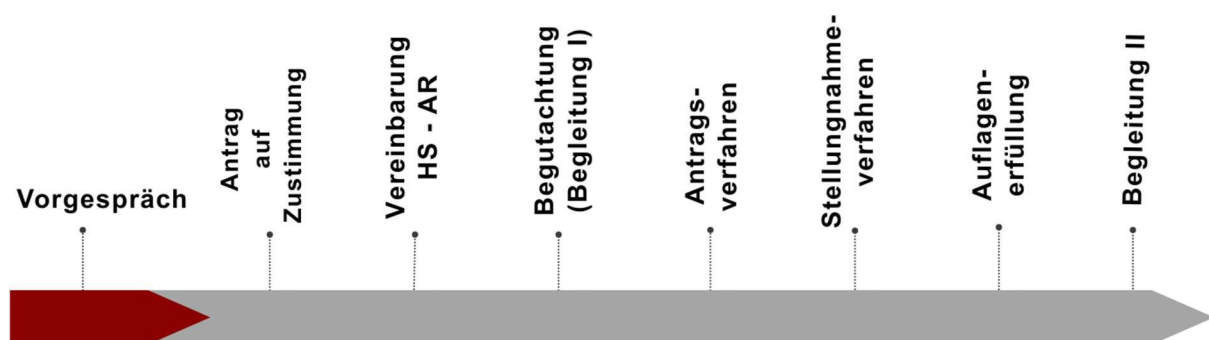
Each of these steps is described in more detail in the following subsections. The timeline at the beginning of each section indicates the current stage in the overall accreditation process for the alternative procedure. These graphical elements are also incorporated into the draft resolutions on the alternative procedures in order to prominently highlight the

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The following diagram illustrates an idealized progression of the accreditation process for the alternative procedure. Depending on its design, changes to this progression may also be considered, which are then recorded in the agreement between the Accreditation Council and the institution.

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## 2.1 Preliminary Meeting

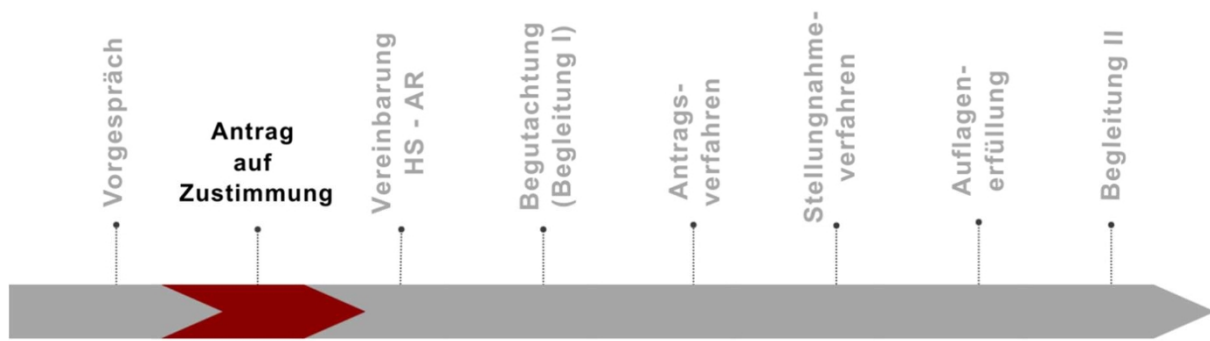


Before the application for approval is prepared and submitted to the Accreditation Council via the competent state science authority (see [Chapter 2.2](#)), a consultation meeting takes place between  
15 the institution and the Accreditation Council Foundation. The institution must inform the competent state science authority of this. After the institution has informed the Accreditation Council Foundation of its plans, the meeting takes place at the invitation of the Foundation. A preliminary meeting is a mandatory prerequisite for any application. The basis for the meeting is a project outline from the institution, which must be submitted before the

20 The preliminary meeting must be scheduled. The preliminary meeting is held between the institution of higher education, the Accreditation Council Foundation, and, if requested by the latter, the state science authority. The Accreditation Council's support begins as early as this first step in the process. At least one member appointed by the Accreditation Council participates in the preliminary meeting (for further information on support, see [the "Support" chapter](#)).

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## 2.2 Application for Approval of the “ ” Procedure



In order for the Accreditation Council to approve the application, the institution must submit a proposal describing the alternative procedure. The proposal must include:

- 5 1. A general description of the procedure, including a timeline.
2. Details regarding the format and scope of the self-evaluation report envisaged in the alternative procedure.
3. Information on the involvement of external experts from academia, professional practice, and the student body.
- 10 4. A statement regarding compliance with participation and consent requirements.
5. Information regarding the preparation of an expert report with evaluation recommendations.
6. Information on the organization of faculty participation for non-tenured faculty members.
7. A presentation of the expected findings regarding alternative approaches to external quality assurance.
- 15 8. Information on the procedure for awarding the accreditation seal.

In addition, the description must clearly outline how the procedure is specifically structured and how quality assurance is ensured in accordance with the relevant regulations (specifically: How are the ESG and Parts 2 and 3 of the Model Statutes taken into account?).

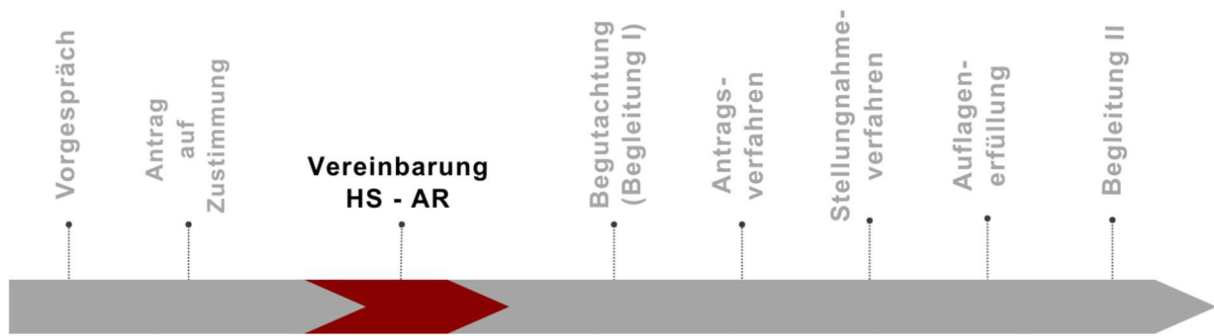
The approval of the science authority is deemed granted upon forwarding the application to the Accreditation Council.

- 20 Accreditation Council. After the application is submitted, the Accreditation Council decides whether to initiate the procedure. If necessary, it may request the institution to revise the application before a decision is made.

The Accreditation Council may also initiate an external review, which is generally conducted on the basis of the file (see VoAAv § 3(5)). This may be appropriate if the

- 25 alternative procedure is complex in design and/or if it is planned to begin implementing the procedure even before the Accreditation Council has made an accreditation decision.

## 2.3 Agreement



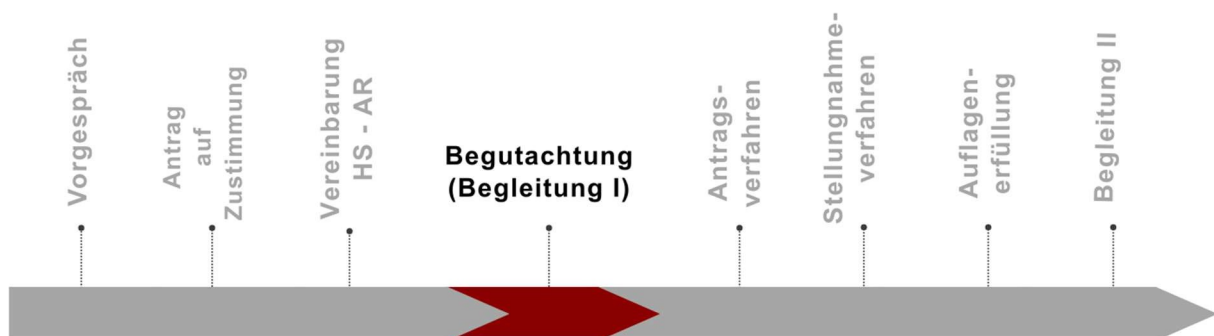
An agreement is then concluded between the university and the Accreditation Council Foundation to carry out the accreditation process under the alternative procedure

5. Among other things, it governs the rights and obligations of the university and the Accreditation Council, the support provided by the Accreditation Council, and the amount of the fees. The basic features of the evaluation process, such as the size and composition of the evaluation team and the number of site visits, are also set forth in the agreement.

The Accreditation Council decides on the final version of the agreement.

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## 2.4 Evaluation Procedure



The institution prepares a self-evaluation report in accordance with § 3(3) VoAAv, which contains all required information and serves as the basis for the evaluation under the alternative procedure

- 15 . The evaluation is conducted with the involvement of external, independent experts from academia, professional practice, and the student body. As a rule, the Accreditation Council conducts the evaluation process itself; however, it may also delegate its implementation to third parties in consultation with the institution.

The following describes the steps to be followed in every review

- 20 . Depending on the alternative procedure, additional steps may be added in consultation with the institution and/or the review panel, such as an online preliminary meeting between the institution's leadership, quality management, and the review panel. During this meeting, the institution can explain the alternative procedure as well as the

self-documentation. Such meetings also provide an opportunity to request specific additional submissions.

Once the review panel has been assembled, the Accreditation Council's office conducts a preparatory session for the reviewers via a video conference lasting approximately two hours, during which the  
5 experts are briefed on their review tasks and the specific procedure.

This is usually followed by two on-site visits. The duration and number of on-site visits may vary depending on the alternative procedure and are specified in the agreement between the institution and the Accreditation Council's office. If the  
10 the institution is already implementing steps in the alternative procedure, consideration may be given to whether the visits should take place concurrently with individual stages of the procedure. This would allow the review panel to gain insights into the implementation of the alternative procedure, which they would take into account in their evaluation.

Following the site visits, the review panel, in collaboration with the Secretariat,  
15 , the report summarizing the findings and evaluations to date. The report is finalized in a subsequent concluding meeting. The report is then made available to the institution.

Throughout the entire process, the procedure is continuously monitored by at least one member of the Accreditation Council, who serves in an observational capacity  
20 (see [the chapter](#) on [Monitoring](#)).

## 2.5 Application Procedure



The Accreditation Council decides on accreditation upon application by the institution by  
25 It reviews and determines whether the alternative procedure ensures compliance with the criteria set forth in Parts 2 and 3 of the MRVO at the program level, i.e., whether it is equivalent in outcome to the procedures for program and system accreditation. The application must include the required self-evaluation report, the expert opinion with resolution and

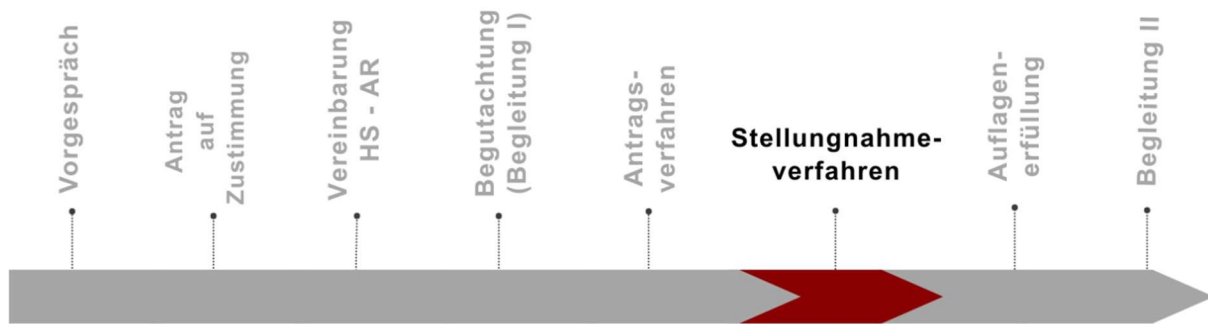
evaluation recommendations, as well as, if applicable, the university's statement, and is submitted via the competent science authority. The science authority may also submit a statement. The support team appointed by the Accreditation Council may additionally submit a report.

- 5 With accreditation, the Accreditation Council grants the Alternative Procedure the seal of the Accreditation Council Foundation. This grants the institution the right to self-accredit its degree programs, provided they successfully complete the accredited review process. The science authority is informed by the secretariat of the Accreditation Council's decision.
- 10 Accreditation is valid for a maximum of eight years and may be subject to conditions. If the procedure is designed as a continuous process, a trust-based accreditation may be granted, which entails an expanded reporting obligation. Such procedures are subject to special monitoring by the Accreditation Council, with reporting obligations and monitoring regulated in the agreement pursuant to § 4 VoAAv.
- 15 Possible decisions of the Accreditation Council:
  - Accreditation without conditions
  - Accreditation with conditions
  - Postponement of the decision
  - Rejection

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## 2.6 Statement procedure



If the Accreditation Council intends to deviate from the decision recommendations in the accreditation report in a manner that is disadvantageous to the applicant institution—for example, by imposing additional conditions

- 5 or a rejection—the institution is first given the opportunity to comment on the preliminary decision. If the institution exercises this right<sup>7</sup>, the Accreditation Council will reconsider the application for accreditation. The final decision on the accreditation of the alternative procedure and, if applicable, on conditions is then made taking into account the comments received.

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## 2.7 Fulfilment of Conditions



If conditions are imposed, the institution is obligated to submit appropriate evidence of compliance with the conditions within the specified time limit. The Accreditation Council then reviews

- 15 the submitted documents and decides on the fulfillment of the conditions. If it concludes that the conditions have not been sufficiently met, the institution is generally granted a one-time period of six months.

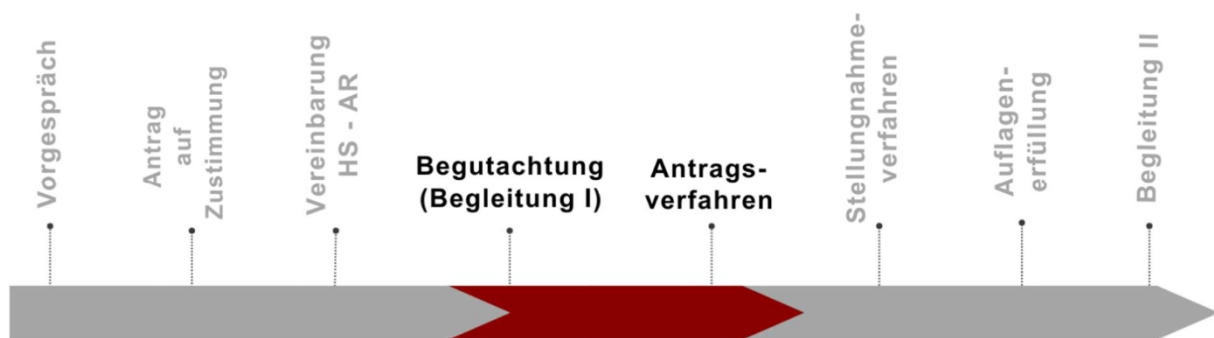
<sup>7</sup> The statement may be submitted directly to the Accreditation Council; the involvement of the state science authority is not necessary.

## 2.8 Support

The alternative procedure is viewed as a dialogic process in which the institution and the Accreditation Council engage in an exchange. The goal is to capture insights from the alternative procedure and utilize them for the further development of the accreditation process.

5. The monitoring process is intended to provide the Accreditation Council with feedback on its assessments of the implementation of the accreditation process and its impressions of the alternative procedure. The monitoring process also helps to strengthen the connection between the expert reports, the procedure, and the Accreditation Council's final decision. The nature and scope of the monitoring process are tailored individually to the respective procedure.

### 10 2.8.1 First Phase of Monitoring (Review and Application Process)



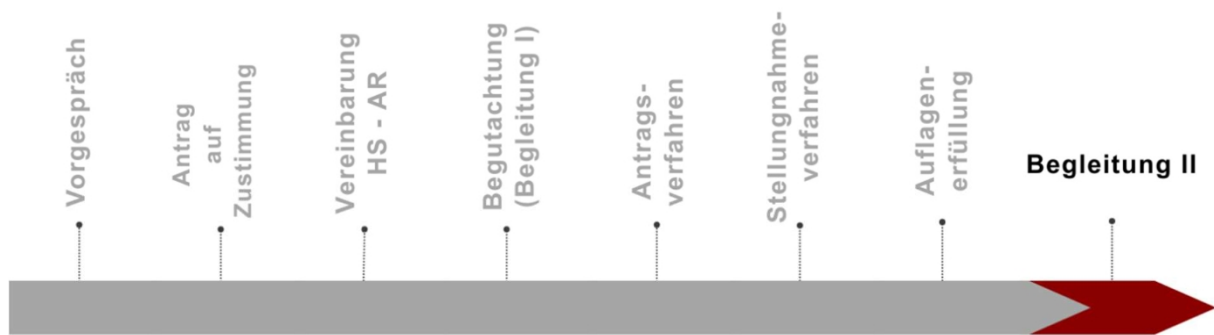
At least one person shall be designated to assist with the review process in accordance with § 5 VoAAv. However, this assistant does not perform any review functions and therefore has no voting rights within the review panel. Assistance with the Alternative

- 15 process ideally begins in the early stages to provide the Accreditation Council with a comprehensive overview of the process and its evaluation. Therefore, the observer is already included in the preliminary discussion with the institution pursuant to § 3 VoAAV.

After the application has been approved and the evaluation process has begun, the monitor

- 20 The designated monitor appointed by the Accreditation Council oversees the evaluation process as part of the accreditation procedure. During the application process, the designated monitor submits a report containing their assessment of the conduct of the procedure and of the alternative procedure itself, and reports to the Accreditation Council as part of the final accreditation decision.

## 2.8.2 Second Phase of Supervision (Over the Accreditation Period)



If the alternative procedure is accredited in accordance with § 6 VoAAv, the Accreditation Council assumes responsibility for monitoring the procedure for the entire accreditation period in accordance with § 7 VoAAv. The

- 5 The Accreditation Council may assign its own members, staff of the secretariat, or expert third parties to carry out this task in whole or in part; the individuals assigned during the first phase of the review may continue to carry out the review. The Accreditation Council may participate in all stages of the procedure and, upon request, shall be granted access to all relevant documents of the institution.
- 10 During the accreditation period, the monitoring team reports to the Accreditation Council on the implementation of the alternative procedure. The monitoring team is thus intended to promote dialogue between the institution(s) and the Accreditation Council. The goal is to gain fundamental insights into alternative approaches to external quality assurance in accordance with § 34 MRVO and to deepen the exchange between the institution, the Accreditation Council, and the higher education community

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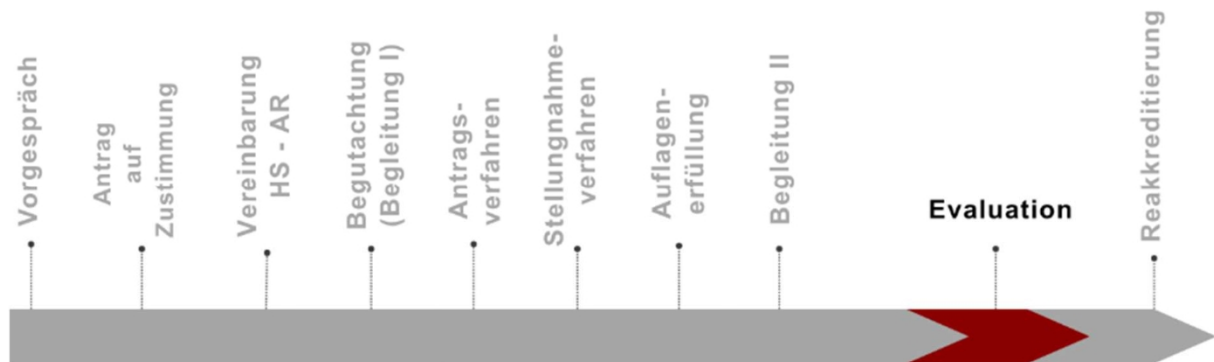
This support does not lead to a further accreditation decision, as the application process has already been completed at this point. However, the designated support person continues to participate in selected stages of the process—the nature of this participation may vary depending on the structure of the alternative procedure. For example, the support may

- 20 involve participating in on-site visits or online meetings, or reviewing documents on a case-by-case basis. The specific steps are coordinated among the institution, the mentor, and the Accreditation Council's office.

As a rule, a monitoring report is prepared for each monitoring engagement, which is submitted to the Accreditation Council for its information and subsequently published as a supplement to the original accreditation

- 25 . If deficiencies in the implementation of the alternative procedure are identified during the monitoring process, the monitoring report is submitted to the Accreditation Council for deliberation. In this case, the institution is given the opportunity to submit a statement. However, if this statement is not convincing or if the institution fails to remedy the identified deficiencies, the Accreditation Council may subsequently impose conditions.

### 3 Evaluation



According to Section 34(5) of the MRVO, alternative procedures must generally be evaluated by an independent, research-oriented institution two years before the expiration of the accreditation period.

- 5 The explanatory memorandum to the MRVO states that this evaluation is a prerequisite for the continuation of the procedure.

The VoAAv further specifies the requirements for the evaluation. The institution conducting the evaluation is authorized for this task by the Accreditation Council and reports its findings to the Accreditation Council. The evaluation may also be conducted by

- 10 an agency listed in the EQAR. The Accreditation Council may specify issues and quality objectives to be examined in the evaluation; these may be supplemented by the institution.

Following the evaluation, the Accreditation Council issues a recommendation as to whether the alternative procedure should be continued beyond the accreditation period. The

- 15 decision on this rests with the institution. In the event of a positive recommendation, the requirement for approval under § 3 VoAAv does not apply in the reaccreditation procedure.

A working group will develop further details on this matter on behalf of the Accreditation Council.

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