



2009 ANNUAL REPORT
Use fall 2008 data in completing this form

Return an Adobe Acrobat electronic version and a paper version with original CEO signature by May 22, 2009.

Name of Institution _____

Mailing Address _____

City, State, Zip _____ Main Phone Number _____

1. Chief Executive Officer: _____

Title (Dr., Rev., Mr., Ms., etc.): _____ Phone _____

Name _____ FAX _____

Position _____ E-mail _____

2. Accreditation Liaison Officer (ALO): _____

Title (Dr., Rev., Mr., Ms., etc.): _____ Phone _____

Name _____ FAX _____

Position _____ E-mail _____

3. Institution Type (check one): Public Tribal/Native Private Non-Profit Private For-Profit

4. Degree Levels Offered (check all that apply): Associate Baccalaureate Masters Doctorate

5. Have changes been made in the Articles of Incorporation and/or By-Laws since the 2008 Annual Report was filed? If yes, please attach a copy of the revised document(s) to this Annual Report Form. Yes No

6. Calendar plan (semester, quarter, 4-1-4, trimester, other) _____

7. <u>Students (All locations)</u>	<u>Unduplicated Headcount</u>	<u>Full-Time Equivalent (FTE)</u>
(a) undergraduate	_____	_____
(b) graduate (if applicable)	_____	_____
(c) unclassified	_____	_____
Totals	_____	_____

8. <u>Faculty (All locations)</u>	<u>Unduplicated Headcount</u>	<u>Full-Time Equivalent (FTE)</u>
(a) Full-Time	_____	_____
(b) Part-Time	_____	_____
Totals	_____	_____

9. Institutional Finances

<i>Private/Independent institutions</i> (Include total Educational and General [E&G] expenses)	(a)	\$ _____
<i>Public institutions</i> (Include total current funds, expenditures and transfers, but exclude separate medical school and/or hospital budgets.)	(b)	\$ _____

NOTE: ENCLOSE A COPY OF THE APPROPRIATE IPEDS FINANCIAL REPORT PAGE SHOWING VALUE REPORTED FOR (a) OR (b) above.

All Institutions Respond. If NONE, so indicate.

Operating Deficit	\$ _____
Accumulated Deficit	\$ _____

10. Cohort default rate on Federal Guaranteed Student Loans for the most recent year for which data are available:

Year _____ Default Rate _____ %

11. Does your institution use its accreditation or pre-accreditation with the Northwest Commission on Colleges and Universities to establish eligibility to participate in Higher Education Act (HEA) programs, including Title IV funding? Yes No

IN RESPONDING TO ITEMS 12-17, USE SUPPLEMENTARY PAGES AS NECESSARY.

12. New degree/certificate programs offered since your 2008 Annual Report was filed. If *NONE*, so indicate.

<u>Certificate/Degree Level</u>	<u>Curriculum or Program</u>
_____	_____
_____	_____
_____	_____
_____	_____

13. Degree/Certificate programs of 30 semester/45 quarter credits or more in length terminated in 2008-2009. If *NONE*, so indicate.

<u>Certificate/Degree Level</u>	<u>Curriculum or Program</u>
_____	_____
_____	_____
_____	_____
_____	_____

14. Contractual relationships with non-accredited organizations. (See Commission Policy A-6) If *NONE*, so indicate.
List academic credit program(s)/course(s) operated jointly in contractual relationships with external organizations. Exclude student teaching partnerships, research contracts, contracts for non-credit offerings, etc.

<u>Degree/Certificate</u>	<u>Program(s)/Course(s)</u>	<u>External Agency/Organization</u>	<u>Student Headcount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. Substantive Changes including degree or certificate programs planned for 2009-2010. (See Commission Policy A-2) If *NONE*, so indicate.

<u>Certificate/Degree Level</u>	<u>Curriculum or Program</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

