

NWCCU 2011 Annual Report

Welcome to the 2011 NWCCU Annual Report tool. We hope this format proves simple to use, easy to understand, and easy to complete. New features include: easy printouts for review and hard copy records, uploads of Excel spreadsheets, bylaws, and IPEDS reports directly within the survey, and pre-population of a good deal of data for the report itself. (Note: pre-populated fields were taken from the SurveyMonkey report that was completed last year. If your institution did not turn in a SurveyMonkey report in 2010, your institutional information may not be entered. Also, we have allowed the receipt of Excel spreadsheets for sections 5 through 9 this year. Institutions that have more than 10 entries for those sections will not find their entire data listed. Please contact the Commission office (425-558-4224) for a complete listing of your 2010 responses if you wish to review and submit them from previous entries.)

Please enter your institutional password here:

Please use the blank space to write your answers.

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Section One

Name of Institution:

Please use the blank space to write your answers.

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Institution Information:

Please use the blank space to write your answers.

Mailing Address:

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Address 2:

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City:

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.....

State/Province:

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Zip/Postal Code:

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Main Phone Number:

.....
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Country:

.....
.....

Chief Executive Officer

Please use the blank space to write your answers.

Name:

.....
.....

Title (Dr., Mr., Ms., etc.):

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.....

Position (President, etc.):

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Phone:

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Fax:

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Email:

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Accreditation Liaison Officer

Please use the blank space to write your answers.

Name:

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Title (Dr., Mr., Ms., etc.):

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Position (Provost, etc.):

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Phone:

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Fax:

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Email:

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Section Two

Institution Type (select one)

Please pick one of the answers below.

- Public
- Tribal/Native
- Private Non-Profit
- Private For-Profit

Degree Levels Offered (check all that apply)

Please check all that apply.

- Associate
- Baccalaureate
- Master
- Doctorate

Have changes been made in the Articles of Incorporation and/or By-Laws since the 2010 Annual Report was filed? If yes, please upload a copy of the revised document(s) here:

Please pick one of the answers below.

- Yes
- No

Calendar Plan:

Please pick one of the answers below or add your own.

- Semester
- Quarter
- 4-1-4
- Trimester

Other

.....

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Students (all locations)

Please fill in the answers in the table below (mark appropriate circles and squares and fill in the blank spaces).

	Unduplicated Headcount	Full-Time Equivalent (FTE)
(a) Undergraduate
(b) Graduate (if applicable)
(c) Unclassified
TOTALS

Faculty (all locations)

Please fill in the answers in the table below (mark appropriate circles and squares and fill in the blank spaces).

	Unduplicated Headcount	Full-Time Equivalent (FTE)
(a) Full-Time
(b) Part-Time
TOTALS

Institutional Finances:

(All institutions respond. If NONE, indicate N/A.)

For definitions, click here. Please upload a copy of the 2010-2011 IPEDS Finance Report.

Please fill in the answers in the table below (mark appropriate circles and squares and fill in the blank spaces).

	Financial Info
Expenses
Operating Deficit
Accumulated Deficit

Cohort default rate on Title IV, HEA subsidized and unsubsidized loans in which the student is the designated borrower for the cohort fiscal year of 2009 ending September 30, 2010. Do not include loans made directly to parents, such as PLUS loans.

Please use the blank space to write your answers.

Cohort fiscal year 2008 Default Rate:

.....

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?

Please pick one of the answers below.

Yes

No

Section Three

New degree/certificate programs offered since your 2010 Annual Report was filed. If NONE, so indicate.

Please fill in the answers in the table below (mark appropriate circles and squares and fill in the blank spaces).

	Certificate/Degree Level	Program Name	Discipline or Program Area
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.

Section Four

Degree/Certificate programs of 30 semester/45 quarter credits or more in length terminated in 2010-2011. If NONE, so indicate.

Please fill in the answers in the table below (mark appropriate circles and squares and fill in the blank spaces).

	Certificate/Degree Level	Program Name	Discipline or Program Area
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.

Section Five

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. If your list is longer than ten entries, please create the list using the headings we have specified and upload it in the box provided as an Excel spreadsheet.

1.

Please use the blank space to write your answers.

a) Degree/Certificate Level

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.....

b) Program(s)/Course(s) Name(s)

.....
.....

c) External Agency/Organization

.....
.....

d) Student Headcount

.....
.....

2.

Please use the blank space to write your answers.

a) Degree/Certificate Level

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.....

b) Program(s)/Course(s) Name(s)

.....
.....

c) External Agency/Organization

.....
.....

d) Student Headcount

.....
.....

3.

Please use the blank space to write your answers.

a) Degree/Certificate Level

.....
.....

b) Program(s)/Course(s) Name(s)

.....
.....

c) External Agency/Organization

.....
.....

d) Student Headcount

.....
.....

4.

Please use the blank space to write your answers.

a) Degree/Certificate Level

.....
.....

b) Program(s)/Course(s) Name(s)

.....
.....

c) External Agency/Organization

.....
.....

d) Student Headcount

.....
.....

5.

Please use the blank space to write your answers.

a) Degree/Certificate Level

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b) Program(s)/Course(s) Name(s)

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.....

c) External Agency/Organization

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d) Student Headcount

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6.

Please use the blank space to write your answers.

a) Degree/Certificate Level

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b) Program(s)/Course(s) Name(s)

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.....

c) External Agency/Organization

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d) Student Headcount

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7.

Please use the blank space to write your answers.

a) Degree/Certificate Level

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b) Program(s)/Course(s) Name(s)

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c) External Agency/Organization

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d) Student Headcount

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8.

Please use the blank space to write your answers.

a) Degree/Certificate Level

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b) Program(s)/Course(s) Name(s)

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c) External Agency/Organization

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d) Student Headcount

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9.

Please use the blank space to write your answers.

a) Degree/Certificate Level

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b) Program(s)/Course(s) Name(s)

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.....

c) External Agency/Organization

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d) Student Headcount

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10.

Please use the blank space to write your answers.

a) Degree/Certificate Level

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b) Program(s)/Course(s) Name(s)

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.....

c) External Agency/Organization

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d) Student Headcount

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Section Six

Substantive Changes including degree or certificate programs planned for 2011-2012. (See Commission Policy A-2. This listing does not substitute for formal substantive change submission to NWCCU.) If NONE, so indicate. If your list is longer than ten entries, please feel free to create the list using the headings we have specified and upload it in the box provided as an Excel spreadsheet.

1.

Please use the blank space to write your answers.

a) Degree/Certificate Level

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b) Program Name

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c) Discipline or Program Area

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2.

Please use the blank space to write your answers.

a) Degree/Certificate Level

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b) Program Name

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c) Discipline or Program Area

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3.

Please use the blank space to write your answers.

a) Degree/Certificate Level

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b) Program Name

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c) Discipline or Program Area

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4.

Please use the blank space to write your answers.

a) Degree/Certificate Level

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b) Program Name

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c) Discipline or Program Area

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5.

Please use the blank space to write your answers.

a) Degree/Certificate Level

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b) Program Name

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c) Discipline or Program Area

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6.

Please use the blank space to write your answers.

a) Degree/Certificate Level

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b) Program Name

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c) Discipline or Program Area

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7.

Please use the blank space to write your answers.

a) Degree/Certificate Level

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b) Program Name

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c) Discipline or Program Area

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8.

Please use the blank space to write your answers.

a) Degree/Certificate Level

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b) Program Name

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c) Discipline or Program Area

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9.

Please use the blank space to write your answers.

a) Degree/Certificate Level

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b) Program Name

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c) Discipline or Program Area

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10.

Please use the blank space to write your answers.

a) Degree/Certificate Level

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b) Program Name

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c) Discipline or Program Area

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Section Seven

Domestic Certificates/Degree Programs where 50% or more of the credits are offered at any Off-Campus Locations including branch, satellite, or secondary sites in or out of the institution's service area. If NONE, indicate N/A in first blank line only. If your list is longer than ten entries, please create the list using the headings we have specified and upload it in the box provided as an Excel spreadsheet.

Accurate information about off-campus programs is critical to the Commission in responding to inquiries and verifying program locations to the U.S. Department of Education relative to Title IV eligibility.

1.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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.....

e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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2.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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3.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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4.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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5.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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6.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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7.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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8.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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9.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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10.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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Section Eight

Degree and certificate Programs of 30 semester or 45 quarter credits or more where at least 50% or more of the curriculum is offered by Distance Education. If your list is longer than ten entries, please create a list using the headings we have specified and upload it in the box provided as an Excel spreadsheet.

1.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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2.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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3.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

.....
.....

e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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4.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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5.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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6.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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7.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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8.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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9.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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10.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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Section Nine

Sites outside the United States at which your institution offers program for academic credit. Please complete this form noting all educational activities your institution offers abroad, separately or in cooperation with other institutions, U.S. as well as foreign. If there are no foreign country branch operations or study-abroad programs for which your institution awards academic credit, so indicate. If your list is longer than ten entries, please create a list using the headings we have specified and upload it in the box provided as an Excel spreadsheet.

1.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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2.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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3.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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4.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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5.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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6.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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7.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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8.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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d) Program Name

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.....

e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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9.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

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c) Degree/Certificate Name/Level

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.....

d) Program Name

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.....

e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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.....

g) Co-Sponsoring Organization (if applicable)

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10.

Please use the blank space to write your answers.

a) Location Name

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b) Physical Street Address

.....
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c) Degree/Certificate Name/Level

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.....

d) Program Name

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.....

e) Student Enrollment (Unduplicated Headcount)

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f) On-Site Staff (Yes or No)

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g) Co-Sponsoring Organization (if applicable)

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Section Ten

Click to review your responses to the survey. You will not be able to make changes to the review form, but will be able to go back in the survey and revise responses once you close the review page. You can print the review copy by using your browsers "Print" function. You will also have a chance to print your completed report after report submission.

Please add any comments here for the Commission office on the format or questions of the 2011 Annual Report.

Please write your answer in the space below.

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Please enter the specific institutional code provided to the President of your institution. Use of this code constitutes an electronic signature by the President and will be accepted by NWCCU as formal acceptance and responsibility for the data contained in this survey.

Please use the blank space to write your answers.

Institutional Code:

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