

**Institutional Data Form**

Purpose

The purpose of the Institutional Data Form is to give peer reviewers a snapshot of the institution’s overall scope and nature of operations at various points in the process of seeking membership with HLC. Although the institution may have previously provided some of this information to HLC at earlier points in the process, peer reviewers have indicated that having updated information is helpful to them in gaining an overview of the institution.

Once an institution is a member of HLC (either as a candidate institution or an accredited institution), the institution will provide similar information through the annual Institutional Update.

The information on this form may be supplemented with additional information such as copies of IPEDS reports or internal or annual reports that contain much of the data.

Institutions should familiarize themselves with [HLC’s Glossary](https://www.hlcommission.org/General/glossary.html). Many terms in this document are defined in the Glossary.

*Instructions*  
**Eligibility Filing:** Submit this form and the Compliance With Eligibility Requirements Form at [hlcommission.org/upload](https://www.hlcommission.org/upload). Select “Eligibility” from the list of submission options to ensure that the materials are sent to the correct staff member.  
  
**Comprehensive Evaluation or Preliminary Peer Review:** Upload the completed form to the Forms tab in the Assurance System prior to the institution’s lock date for the applicable review.

1. Institution Information

Institution name:

Street address:

City:

State:

ZIP code:

Main phone number:

Website:

Institution incorporated:

Yes

No

Incorporation state:

Enabling or authorizing legislation for the institution (if applicable):

Institution ownership:

2. Contact Information

For each position, include the name, title, address, phone number, and email address.

**Accreditation Liaison Officer**

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

Full name:

Title:

Address (street, city, state, ZIP code):

Phone number (include extension):

Email address:      

**Chief Academic Officer**

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

Full name:

Title:

Address (street, city, state, ZIP code):

Phone number (include extension):

Email address:      

**Chief Executive Officer**

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

Full name:

Title:

Address (street, city, state, ZIP code):

Phone number (include extension):

Email address:      

**Chief Financial Officer**

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

Full name:

Title:

Address (street, city, state, ZIP code):

Phone number (include extension):

Email address:

3. Accrediting Agencies

If the institution has been placed on sanction or probation or has been subject to an adverse action (including denial or withdrawal of accreditation) by another accrediting agency that is recognized by the U.S. Department of Education or Council of Higher Education Accreditation (CHEA) in the last five years, provide details about the action here. Include the name of each accrediting agency, the institution’s status with the agency and, if applicable, the effective date of that status. If the institution is no longer accredited by the agency, include the effective end date of its relationship with the agency. Attach a copy of the most recent action letter from each accrediting agency to this form.

4. Academic Calendar

Indicate the institution’s academic calendar.

Semester

Trimester

Quarter

Four-One-Four (4-1-4) Plan

Modular

Continuous

Other:

5. Branch Campuses and Additional Locations

List all active branch campuses and additional locations of the institution (see HLC’s [Glossary](https://www.hlcommission.org/General/glossary.html) for definitions of branch campus and additional location). For each, provide the full address, including the street address, and the open date.

6. Programs Offered

A. Indicate the number of degree, certificate and diploma programs offered overall.

Associate’s degree programs:

Bachelor’s degree programs:

Master’s degree programs:

Specialist degree programs:

Doctoral degree programs:

Certificate and diploma programs:

B. List each degree, certificate and diploma program offered. For each, include the [Classification of Instructional Programs (CIP) code](https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=56), name of the program in the institution’s course catalog, initiation date, and the total number of credit hours required for the program.

C. Indicate the number of degrees, certificates and diplomas awarded for the past two academic years.

**Degrees**

| **Degree Type** | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Associate’s Degrees Awarded: |  |  |
| Bachelor’s Degrees Awarded: |  |  |
| Master’s Degrees Awarded: |  |  |
| Specialist’s Degrees Awarded: |  |  |
| Doctoral Degrees Awarded: |  |  |

**Certificates and Diplomas**

| **Certificate/Diploma Type** | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Total Certificates/Diplomas Awarded: |  |  |
| Graduate Certificates/Diplomas Awarded: |  |  |
| Undergraduate Certificates/Diplomas Awarded: |  |  |

Of the undergraduate certificates and diplomas listed above, how many were NOT part of an existing degree program?

Academic Year 1 (     ):

Academic Year 2 (     ):

List the number of degrees, certificate and diplomas awarded by program for the past two academic years.

7. Distance Education and Correspondence Education

List all programs (degree, diploma and certificate) in which students may take 50% or more of the content through distance education or correspondence education (differentiating for each of these two modalities). If no programs are offered via 50% or more through distance education, but the institution offers courses via distance education, please describe the level of this online course activity.

8. Contractual Arrangements

List all contractual arrangements and partners involved in delivering academic programs, identifying each program involved and the percent of curriculum provided by the contractual partner.

9. Competency-Based Education Programs

List all competency-based education (CBE) programs. Identify the type of CBE approach each program uses (credit-based, direct assessment, or hybrid).

10. Student Demography Head Counts

A. **Student Head Counts by Level.** Provide student head counts by program for the following student levels for the past two IPEDS fall reporting dates.

Full-Time Undergraduate

Part-Time Undergraduate

Full-Time Graduate

Part-Time Graduate

B. **Student Head Counts by Category.** Provide student head counts by program for the following categories for the past two IPEDS fall reporting dates. Include both full-time and part-time students.

Certificate-Seeking Undergraduate

Degree-Seeking Undergraduate

Post-Baccalaureate Certificate-Seeking

Post-Baccalaureate Degree-Seeking

Non-degree-seeking

11. Student Recruitment and Admissions

A. Provide the number of applications, acceptances and matriculations for the past two academic years for each of the following categories of entering students:

**Freshman**

| **Category** | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Applications |  |  |
| Acceptances |  |  |
| Matriculations |  |  |

**Undergraduate Transfer**

| **Category** | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Applications |  |  |
| Acceptances |  |  |
| Matriculations |  |  |

**Graduate/Professional**

| **Category** | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Applications |  |  |
| Acceptances |  |  |
| Matriculations |  |  |

B. If the institution requires standardized test scores as a condition of admission, what instrument(s) are required and what is the mean score of students accepted for each?

12. Financial Assistance for Students

A. During the past two academic years, how many undergraduate students and graduate/professional students applied for and received financial assistance of any type? What percentage of the total enrollment at each level applied for and received financial assistance?

**Undergraduate Students**

|  | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Number applying for assistance: |  |  |
| Percentage of total undergraduate enrollment applying for assistance: |  |  |
| Number receiving assistance: |  |  |
| Percentage of total undergraduate enrollment receiving assistance: |  |  |

**Graduate/Professional Students**

|  | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Number applying for assistance: |  |  |
| Percentage of total graduate/professional enrollment applying for assistance: |  |  |
| Number receiving assistance: |  |  |
| Percentage of total graduate/professional enrollment receiving assistance: |  |  |

B. What percentages of total enrollment received assistance in each of the categories listed below?

**Percent of total enrollment receiving:**

| **Type of Assistance** | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Loans: |  |  |
| Work-study: |  |  |
| Academic-based merit-based scholarships: |  |  |
| Other scholarships/grants: |  |  |

C. Using the formula cited below, what was the *tuition discount rate* (TDR) for undergraduate and graduate student populations during the past two academic years?If this rate cannot be separated for these two categories, note that and simply report aggregate figures.

**Formula** TDR = I/(I+P) x 100

**Variables** TDR: Percent of total institutional financial aid dollars as a proportion of income that would result   
 from all students paying full tuition  
  
 I: Institutional financial aid dollars awarded for tuition  
  
 P: Payments of tuition expected of students and their external aid

|  |  |  |
| --- | --- | --- |
|  | **Academic Year 1:** | **Academic Year 2:** |
| TDR for undergraduate students |  |  |
| TDR for graduate students |  |  |
| Aggregate TDR (if needed) |  |  |

13. Student Retention and Program Productivity

A. Indicate the institution’s retention rates for the student demographic segments as noted below. Provide information for the last two academic years.

**Full-time Undergraduate Students**

|  | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Number entering (NE): |  |  |
| Number returning (NR): |  |  |
| NR/NE as a percentage: |  |  |

**Part-time Undergraduate Students**

|  | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Number entering (NE): |  |  |
| Number returning (NR): |  |  |
| NR/NE as a percentage: |  |  |

**Full-time Graduate Students**

|  | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Number entering (NE): |  |  |
| Number returning (NR): |  |  |
| NR/NE as a percentage: |  |  |

**Part-time Graduate Students**

|  | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Number entering (NE): |  |  |
| Number returning (NR): |  |  |
| NR/NE as a percentage: |  |  |

B. If applicable, report the number of graduates in the previous academic year by program in keeping with standard [Classification of Instructional Programs (CIP) codes](https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55).

C. If applicable, list the separate pass rates of undergraduate and graduate/professional students sitting for licensure examinations in the previous academic year as appropriate. List the pass rates by discipline and by name of test.

14. Institutional Head Count

A. Indicate the head counts of faculty, administration and staff members for the last two academic years.

| **Category** | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Full-time Faculty: |  |  |
| Part-time Faculty: |  |  |
| Full-time Administration: |  |  |
| Part-time Administration: |  |  |
| Full-time Staff: |  |  |
| Part-time Staff: |  |  |

B. Provide the institution’s student-to-faculty ratio (i.e., student-to-instructional-staff) for undergraduate programs for the past two academic years. Use HLC’s [faculty-to-student ratio worksheet](https://download.hlcommission.org/StudentFacultyRatioWorksheet_FRM.xlsx) to calculate these values, using the worksheet tab that applies to the institution’s academic offerings. Institutions offering only graduate programs may skip this question. (The institution is not required to submit the completed worksheet. Simply report the calculated ratios here.)

Academic Year 1 (     ):

Academic Year 2 (     ):

C. Report the number of faculty by program (full-time and part-time together).

15. Availability of Instructional Resources and Information Technology

Provide an explanation of the technology resources dedicated to supporting student learning (library sites, residence hall hookups, internet cafes, etc.) and explain how the level of their usage is monitored.

16. Financial Data

Complete two copies of the [Financial Data Worksheet](https://download.hlcommission.org/FinancialDataWorksheets_FRM.xlsx) using data from the institution’s audits for the past two completed fiscal years. Attach both copies of the worksheet as PDF files.

17. Audit Data

Please provide the following information for the past three completed fiscal years.

| **Audit Information** | **Fiscal Year 1:** | **Fiscal Year 2:** | **Fiscal Year 3:** |
| --- | --- | --- | --- |
| Ending month of fiscal year: |  |  |  |
| Last completed audit year: |  |  |  |
| Was the last audit completed within six months of the close of the fiscal year? | Yes  No | Yes  No | Yes  No |
| Was the most recent financial audit UNQUALIFIED? | Yes  No | Yes  No | Yes  No |
| Did the most recent audit report include a going concern for disclosure? | Yes  No | Yes  No | Yes  No |