# Institutional Accreditation Annual Data ReportJuly 1, 2019 - June 30, 2020

**FOR INSTITUTIONS ACCREDITED BY THE BOARD OF REGENTS AND THE COMMISSIONER OF EDUCATION**

# Instructions for all institutions:

Complete one form for the main campus and one for each branch campus as defined in § 4-1.2 of the Rules of the Board of Regents (“Regents Rules”). For example, an institution with two branch campuses would submit three reports. Specific data do not apply uniformly to all institutions.

There are three sections to this report form: Institutional Directory, Undergraduate Programs, and Graduate Programs; please complete all applicable sections. Responses to narrative items should be provided as PDF attachments. If an item is not applicable to the institution, identify it as “N/A” in the attachment(s).

**Reporting period:** July 1, 2019 - June 30, 2020

**Due date:** February 1, 2021

1. Download this file to your desktop
2. Type your data in the fillable fields
3. **Save this file as “Institution Name. ADR.19.20”**
4. If submitting for multiple locations, indicate the campus location in the file name
5. Email the completed report and supporting documents to accreditor@nysed.gov

This annual data report is required under § 4-1.3(f) of the Regents Rules.

Failure to provide this report, or other reports required by the New York State Education Department, will result in a finding of noncompliance with the standards of quality for institutional accreditation, as defined under § 4-1.4(b)(2) of the Regents Rules.

**Notifications:**

Section 4-1.3(f) of the Regents Rules identifies the following reporting requirements:

1. An institution shall notify and obtain the commissioner and the Board of Regents' approval of any substantive change, as defined in section 4-1.5(d) of this Subpart before the department will include the substantive change in the scope of accreditation it previously granted to the institution.
2. The institution shall submit data reports on a timetable and in a form prescribed by the department.
3. The institution shall notify the department of any denial, withdrawal, suspension, revocation or termination of accreditation or preaccreditation by another nationally recognized accrediting agency against the institution or any of its programs within 72 hours after receiving official notification of that action by providing to the department a copy of the action.

**Changes in Scope of Accreditation:**

Section 4-1.5(d) of the Regents Rules defines actions that require a change in the scope of an institution's accreditation. A Regents-accredited institution that initiates a substantive change is required to apply to the State Education Department for a change in the scope of its accreditation. For more information, please review the [Application for a Change in Scope of Accreditation](http://www.nysed.gov/college-university-evaluation/information-institutions-accredited-board-regents-and-commissioner).

# Institutional Directory

Name of institution:

Campus location (Institutions with only one campus location, leave blank):

Address1: Address 2:

City: State: Zip:

      NY

President/Campus Director, title:

Name and address of corporate ownership (**proprietary institutions only**):

Accreditation contact name and title:

Telephone: Email:

Report completed by: Date:

      Select Date

Title:

Telephone: Email:

Provide a link to the institution’s current electronic catalog. Section 4-1.4(i)(2) of Regents Rules requires “all print and online catalogs shall be archived annually, and archived copies shall be retained permanently” by the institution.

Provide the institution’s mission:

Please provide the following items as PDF attachments to your report submission. If a comparable document has been prepared for other agencies or organizations, a copy may be provided with the relevant items highlighted. Use the checkboxes to keep track of your attachments.

**Institutions that received accreditation with conditions within the last two years:**

[ ]  Documentation demonstrating progress toward meeting those conditions. Institutions that have already submitted materials meeting the conditions do not need to address this question.

Proprietary Institutions:

[ ]  A corporate organizational chart for all components of the corporation related to this institution, showing lines of responsibility and accountability.

Distance Education:

[ ]  A list of all programs for which 50% or more of credits may be earned through distance education and identify which programs can be completed entirely through distance education. Include a list of methods used by the institution to verify the identification of distance education students.

All Institutions:

[ ]  1. Financial or compliance audits or program reviews conducted by the U.S. Secretary of Education relating to the institution's HEA Title IV program responsibilities; or other information obtained by the department that the institution may not be in compliance with standards prescribed in this Subpart, among other reasons.

[ ]  2. The most recent certified balance sheet for the current year for the institution and the current year budget. For proprietary institutions within a corporate organization, also provide the most recent certified audit of the parent corporation.

[ ]  3. A list of other nationally recognized accrediting agencies that preaccredit or accredit your institution and/or any specific programs.

[ ]  4. Reports of other accrediting agencies and the agency accreditation action letters dated within the 13 months preceding the due date of this form.

[ ]  5. A list and brief description of the institutional self-assessments of administrative units, programs and services, or the institution as a whole that were scheduled and completed within the 13 months prior to the due date of this report. If no assessment was conducted in the past 13 months, include a plan for future assessment.

[ ]  6. A brief summary report of student complaints from the most recent academic year including, but not limited to, the institution's policy regarding student complaints, an evaluation of the policy in action, summary of complaints, and data related to student complaints.

[ ]  7. List and describe the following in the space below:

1. Pending or final action against the institution or a program at such institution by a State agency to suspend, revoke, withdraw, or terminate the institution’s legal authority to provide postsecondary education in the State (§ 4-1.3(g)).
2. A decision by a nationally recognized accrediting agency to deny accreditation or preaccreditation
3. A pending or final action brought by a nationally recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution’s accreditation or preaccreditation; or
4. Probation or an equivalent status imposed by a recognized agency.

[ ]  8. State the percent change, increase or decrease, in enrollment from the previous academic year:

# Undergraduate Programs

## Part A: Admissions and Financial Aid

1. Undergraduate admissions (first-time, full-time, first-year students, Fall 2019)

|  |  |  |
| --- | --- | --- |
| Number of completed applications: | Number of acceptances: | Acceptance rate: |
|       |       |       |
| Number of enrollees: | Enrollment rate: |  |
|       |       |  |

1. Freshman retention rate 2019-2020 (first-time, full-time, first term to second term):

|  |  |  |
| --- | --- | --- |
| Entering number: | Continuing number: | Retention rate: |
|       |       |       |

1. Fall enrollment (head count for Fall 2019):

|  |  |
| --- | --- |
| Full-time undergraduate: | Part-time undergraduate: |
|       |       |

1. Describe any changes made to the admissions process in the past year:

1. If the institution participates in Title IV, federal loan default data (most recent year data):

|  |  |  |
| --- | --- | --- |
| Year: | Number in default: | Default rate: |
|       |       |       |

1. Regardless of institutional participation in Title IV, is there alternative financial support available for students?

|  |  |
| --- | --- |
| **Select Yes/No** | What percent of students receive this additional support?       |

If other financial support is available, describe the nature of support:

## Part B: Educational Program

1. Courses:

|  |  |  |
| --- | --- | --- |
| Total number of course titles offered: | Total number of course sections offered: | Percent of sections taught by full-time faculty: |
|       |       |       |

Total number of courses for credit provided by a nonaccredited\* entity through one or more contractual relationships:

\*Not accredited by an agency nationally recognized by the U.S. Secretary of Education.

1. Distance education

|  |  |
| --- | --- |
| Head count enrollment in distance education courses: | Number of courses offered through distance education: |
|       |       |

## Part C: Faculty

1. Number of faculty (i.e., all faculty at this location, Fall 2019):

|  |  |  |  |
| --- | --- | --- | --- |
| Full-time: | Part-time: | Faculty-student ratio: | Average credit load: |
|       |       |       |       |

## Part D: Student Achievement

1. Number of awards granted in the preceding academic year (2019-2020):

|  |  |  |
| --- | --- | --- |
| Certificates: | Associate: | Baccalaureate: |
|       |       |       |

1. Undergraduate graduation data for all full-time students, graduating in Spring 2019:

Associate:

|  |  |  |
| --- | --- | --- |
| Average completion time for graduates (years): | Number finished on time (2 years):  | Number finished within 150% time (3 years): |
|       |       |       |

Baccalaureate:

|  |  |  |
| --- | --- | --- |
| Average completion time for graduates (years): | Number finished on time (4 years): | Number finished within 150% time (6 years): |
|       |       |       |

1. Outcomes for **2019** graduates, as numbers:

|  |  |
| --- | --- |
| Pursuing further education: | Job placement in field of study: |
|       |       |

1. Academic year 2019-2020 licensure examination scores. Provide results of licensure (teaching, nursing, law, etc.) or equivalent proficiency outcomes of enrollees and graduates:
2. Exam date: Choose date Test name:

|  |  |  |
| --- | --- | --- |
| Number participating: | Institutional pass rate: | Exam’s overall pass rate (across all institutions): |
|       |       |       |

1. Exam date: Choose date Test name:

|  |  |  |
| --- | --- | --- |
| Number participating: | Institutional pass rate: | Exam’s overall pass rate (across all institutions): |
|       |       |       |

1. Exam date: Choose date Test name:

|  |  |  |
| --- | --- | --- |
| Number participating: | Institutional pass rate: | Exam’s overall pass rate (across all institutions): |
|       |       |       |

1. Exam date: Choose date Test name:

|  |  |  |
| --- | --- | --- |
| Number participating: | Institutional pass rate: | Exam’s overall pass rate(across all institutions): |
|       |       |       |

1. Exam date: Choose date Test name:

|  |  |  |
| --- | --- | --- |
| Number participating: | Institutional pass rate: | Exam’s overall pass rate(across all institutions): |
|       |       |       |

# Graduate Programs

## Part A: Admissions and Financial Aid

1. Graduate admissions (Fall 2019):

|  |  |  |
| --- | --- | --- |
| Number of completed applications: | Number of acceptances: | Acceptance rate: |
|       |       |       |
| Number of enrollees: | Enrollment rate: | Average undergraduate GPA: |
|       |       |       |

1. Admissions criteria of admitted students, all programs (if applicable):

Use of standardized tests in admissions decisions: Select Option

|  |  |  |
| --- | --- | --- |
| Test name: | 25th percentile of scores: | 75th percentile of scores: |
|       |       |       |

1. Fall enrollment head count:

|  |  |  |  |
| --- | --- | --- | --- |
| Full-time graduate: | Part-time graduate: | Full-time postbaccalaureate: | Part-time postbaccalaureate: |
|       |       |       |       |

1. Describe any changes made to the admissions process in the past year:

1. If the institution participates in Title IV, federal loan default data (most recent year data):

|  |  |  |
| --- | --- | --- |
| Year: | Number in default: | Default rate: |
|       |       |       |

1. Regardless of institutional participation in Title IV, is there alternative financial support available for students?

|  |  |
| --- | --- |
| **<SELECT YES/NO>** | What percent of students receive this additional support?       |

If other financial support is available, describe the nature of the support:

## Part B: Educational Program

1. Courses:

|  |  |  |
| --- | --- | --- |
| Total number of course titles offered: | Total number of course sections offered: | Percent of sections taught by full-time faculty: |
|       |       |       |

Total number of courses for credit provided by a nonaccredited\* entity though one or more contractual relationships:

\*Not accredited by an agency nationally recognized by the U.S. Secretary of Education.

1. Distance education:

|  |  |
| --- | --- |
| Head count enrollment in distance education courses: | Number of courses offered through distance education: |
|       |       |

## Part C: Faculty

1. Number of faculty (i.e., all faculty at this location, Fall 2019):

|  |  |  |
| --- | --- | --- |
| Full-time: | Part-time: | Faculty-student ratio: |
|       |       |       |

|  |  |
| --- | --- |
| Full-time with doctoral/terminal degrees: | Part-time with doctoral/terminal degrees: |
|       |       |

1. Advising:

|  |  |
| --- | --- |
| Average number of advisees per faculty member, master’s programs: | Average number of advisees per faculty member, doctoral programs: |
|       |       |

## Part D: Student Achievement

1. Number of awards granted in the preceding academic year (2019-2020):

|  |  |  |  |
| --- | --- | --- | --- |
| Advanced Certificates: | Master’s: | Postbaccalaureate: | Doctorate: |
|       |       |       |       |

1. Academic year 2019-2020 licensure examination scores. Provide results of licensure (teaching, nursing, law, etc.) or equivalent proficiency outcomes of enrollees and graduates:
2. Exam date: Choose date Test name:

|  |  |  |
| --- | --- | --- |
| Number participating: | Institutional pass rate: | Exam’s overall pass rate(across all institutions): |
|       |       |       |

1. Exam date: Choose date Test name:

|  |  |  |
| --- | --- | --- |
| Number participating: | Institutional pass rate: | Exam’s overall pass rate(across all institutions): |
|       |       |       |

1. Exam date: Choose date Test name:

|  |  |  |
| --- | --- | --- |
| Number participating: | Institutional pass rate: | Exam’s overall pass rate(across all institutions): |
|       |       |       |

1. Exam date: Choose date Test name:

|  |  |  |
| --- | --- | --- |
| Number participating: | Institutional pass rate: | Exam’s overall pass rate(across all institutions): |
|       |       |       |

1. Exam date: Choose date Test name:

|  |  |  |
| --- | --- | --- |
| Number participating: | Institutional pass rate: | Exam’s overall pass rate(across all institutions): |
|       |       |       |

1. Outcomes for **2019** graduates, by program. Do not include programs jointly registered with other institutions:
2. Program name:       Number of graduates:

|  |  |  |
| --- | --- | --- |
| Average completion (years): | Expected completion time (years): | Completion rate: |
|       |       |       |

|  |  |
| --- | --- |
| Pursuing further education/postdoctoral (number): | Job placement in the field of study (number): |
|       |       |

1. Program name:       Number of graduates:

|  |  |  |
| --- | --- | --- |
| Average completion (years): | Expected completion time (years): | Completion rate: |
|       |       |       |

|  |  |
| --- | --- |
| Pursuing further education/postdoctoral (number): | Job placement in the field of study (number): |
|       |       |

1. Program name:       Number of graduates:

|  |  |  |
| --- | --- | --- |
| Average completion (years): | Expected completion time (years): | Completion rate: |
|       |       |       |

|  |  |
| --- | --- |
| Pursuing further education/postdoctoral (number): | Job placement in the field of study (number): |
|       |       |

1. Program name:       Number of graduates:

|  |  |  |
| --- | --- | --- |
| Average completion (years): | Expected completion time (years): | Completion rate: |
|       |       |       |

|  |  |
| --- | --- |
| Pursuing further education/postdoctoral (number): | Job placement in the field of study (number): |
|       |       |

1. Program name:       Number of graduates:

|  |  |  |
| --- | --- | --- |
| Average completion (years): | Expected completion time (years): | Completion rate: |
|       |       |       |

|  |  |
| --- | --- |
| Pursuing further education/postdoctoral (number): | Job placement in the field of study (number): |
|       |       |