

NWCCU REPORTS | BASIC INSTITUTIONAL DATA FORM

Information and data provided in the institutional self-evaluation are usually for the academic and fiscal year preceding the year of the evaluation committee visit. The purpose of this form is to provide Commissioners and evaluators with current data for the year of the visit. After the self-evaluation report has been finalized, complete this form to ensure the information is current for the time of the evaluation committee visit. Please provide a completed copy of this form with each copy of the self-evaluation report sent to the Commission office and to each evaluator. This form should be inserted into the appendix of the self-evaluation report (see the guidelines).

Institutional Information

Name of Institution:

Mailing Address: _____

Address 2: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Main Phone Number: _____

Country: _____

Chief Executive Officer

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

First Name: _____

Last Name: _____

Position (President, etc.): _____

Phone: _____

Fax: _____

Email: _____

Accreditation Liaison Officer

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

First Name: _____

Last Name: _____

Position (President, etc.): _____

Phone: _____

Fax: _____

Email: _____

Chief Financial Officer

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

First Name: _____

Last Name: _____

Position (President, etc.): _____

Phone: _____

Fax: _____

Email: _____

Institutional Demographics

Institutional Type *(Choose all that apply)*

- Comprehensive
- Specialized
- Health-Centered

- Religious-Based
- Native/Tribal
- Other (specify): _____

Degree Levels *(Choose all that apply)*

- Associate
- Baccalaureate
- Master

- Doctorate
- If part of a multi-institution system,
name of system: _____

Calendar Plan *(Choose one that applies)*

- Semester
- Quarter
- 4-1-4

- Trimester
- Other (specify): _____

Institutional Control *(Choose all that apply)*

- City
- County
- State
- Federal
- Tribal

- Public
- OR
- Private/Independent
- Non-Profit
- OR
- For-Profit

Students (all locations)

Full-Time Equivalent (FTE) Enrollment (Formula used to compute FTE: IPEDS)

Official Fall: _____ (most recent year) FTE Student Enrollments

Classification	Current Year: _____	One Year Prior: _____	Two Years Prior: _____
Undergraduate			
Graduate			
Professional			
Unclassified			
Total all levels			

Full-Time *Unduplicated* Headcount Enrollment. (Count students enrolled in credit courses only.)

Official Fall: _____ (most recent year) Student Headcount Enrollments

Classification	Current Year: _____	One Year Prior: _____	Two Years Prior: _____
Undergraduate			
Graduate			
Professional			
Unclassified			
Total all levels			

Faculty (all locations)

Mean Salaries and Mean Years of Service of Full-Time Instructional and Research Faculty and Staff. Include only full-time personnel with professional status who are primarily assigned to instruction or research.

Rank	Mean Salary	Mean Years of Service
Professor		
Associate Professor		
Assistant Professor		
Instructor		
Lecturer and Teaching Assistant		
Research Staff and Research Assistant		
Undesignated Rank		

Institutional Finances

Financial Information. Please provide the requested information for each of the most recent completed fiscal year and the two prior completed fiscal years (three years total).

Please attach the following as separate documents submitted with the Basic Institutional Data Form

- Statement of Cash Flows
- Balance Sheet – collapsed to show main accounts only; no details
- Operating Budget
- Capital Budget
- Projections of Non-Tuition Revenue

